Manulife

POLICY INFORMATION STATEMENT

Dear Owner,

You should read and study Your policy, including its Policy Information Page, the terms and conditions in the General Provision and that of any attaching riders, carefully. Your attention is drawn to the following:

1. Under Schedule 8, Paragraph 2(1) Financial Services Act 2013, You may give written notice to Us within fifteen (15) days from the date of receipt. We will cancel the policy and refund any premium that has been paid without interest after deducting medical examination expenses (if any).

2. Age admission by way of proof of age of the Insured is required before the payment of any claim. If the age has not been admitted, please submit a certified true copy of any of the following as proof of age: NRIC, passport, or birth certificate.

3. Premiums payable during the lifetime of the Insured are as specified on the Policy Information Page or Endorsement Page and are payable on or before their due dates. Subject to Your written request and upon Our consent, premiums may be paid monthly or annually.

4. The Company will allow a Grace Period of thirty (30) days from the due date for the payment of each premium. During this period, the benefits under this policy shall continue to apply. If any premium remains unpaid at the end of the Grace Period, the policy shall automatically lapse and cease to be in force.

5. You may pay Your premiums by:
   (i) Autobiling/direct debit service available at Our authorised banks. We will automatically deduct Your premiums from Your designated bank account or credit/debit card;
   (ii) Internet banking & JomPAY through Our authorised banks;
   (iii) Standing instruction arrangements with Your banks; or
   (iv) Over-the-Counter payment at Our authorised banks.

   We will issue You with an annual statement of premiums paid. You are advised to refer to Your bank statement (if remittance is made through paragraphs 5(i) to 5(iii)) to ensure that premiums have been deducted. Should You need any assistance, You may contact Our customer service staff at any of Our offices.

6. You may nominate natural persons to receive policy money that become payable upon death. Nomination forms are available at all Our offices or website (www.manulife.com.my).

7. If You or Your nominee make any changes to Your corresponding address, please inform Us in writing immediately so that Our services to You will not be interrupted, and claims may be expedited.

8. Kindly contact Manulife Customer Service or Regional Support Centres for any assistance or inquiries about Your policy.

9. Should there be any dispute arising from this policy, You may refer such dispute to:
   (a) Manulife Customer Service at Level 12, Menara Manulife, 6, Jalan Gelenggang, Damansara Heights, 50490 Kuala Lumpur (Tel: 03-27199112, E-mail: MYCARE@manulife.com);
   (b) Financial Markets Ombudsman Service (FMOS) at Level 14, Main Block Menara Takaful Malaysia, No. 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur. (Tel: 03-2272 2811, Website: www.fmos.org.my); or
   (c) Contact Centre (BNMLINK), 4th Floor, Podium Bangunan AICB, No.10, Jalan Dato' Onn, 50480 Kuala Lumpur. Tel1300-88-5465, Web form: bnmlink.bnm.gov.my

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DEFINITIONS

In this Policy, the following definitions shall be applicable, unless the context otherwise dictates:

"**Accident**"	:	an event caused solely and independently of all other causes, and directly by violent, unexpected, external and visible means.
"**Congenital Conditions**"	:	any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the Insured was continuously covered under this policy.
"**Disability**" or **"Disabilities"**	:	a Sickness, Disease, Illness or entire Injuries arising out of a single or continuous series of causes.
"**Eligible Expenses**"	:	Medically Necessary expenses incurred due to a covered Disability but not exceeding the limits in Benefit Schedule.
"Emergency Treatment"	:	means treatment in the event whereby immediate medical attention within twenty-four (24) hours for preservation of life or limb is required for Disability which are sudden and severe failing which will be life threatening or lead to serious deterioration of health. We have the right to determine if the condition is classified as emergency.
"**Hospital**"	:	an establishment duly constituted and registered as a Hospital for the care and treatment of sick and injured persons as paying bed-patients, and which: (a) has facilities for diagnosis and major surgery; (b) provides twenty-four (24) hours a day nursing services by registered and graduate nurses; (c) is under the supervision of a Physician; and (d) is not primarily a clinic; a place for custodial care for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.
"**Hospitalisation**" **or** "**Hospitalised**"	:	warded in a Hospital as an Inpatient.
"**Injury**" or **"Injuries"**	:	bodily Injury caused solely by Accident.
"**Inpatient**"	:	Hospitalised for a minimum of six (6) continuous hours on a particular day and Daily Hospital Room and Board charge is made.
"**Intensive Care Unit**"	:	a section within a Hospital which is designated as an intensive care unit by the Hospital, and which is maintained on a twenty-four (24) hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.
"**Irreversible**"	:	cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.
"Malaysian Government Hospital" and **"Malaysian Government Clinic"**	:	means a Hospital or clinic which charges of services are subject to the Fees Act 1951 and Fees (Medical) Order 1982 and/or its subsequent amendments if any. This includes Hospitals established, maintained, operated or provided by the Malaysian Government and excludes privatised or corporatised Malaysian Government Hospitals.
"**Medically Necessary**"	:	medical treatment/service which is consistent with the condition and diagnosis of a Disability and is according to the standard of prevailing good medical practice and professional medical care, for which the charges are fair and reasonable and customary for the Disability. It must not be for the convenience of the Insured or the Specialist or be in nature experimental, investigational or be for research.
"**Outpatient**"	:	receiving treatment at the outpatient department or emergency treatment room of a Hospital, excluding any Inpatient treatment.
"**Physician**", "**Doctor**" **or** "**Surgeon**"	:	a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, excluding a Doctor, Physician or Surgeon who is the Insured himself.
"**Policy Year**"	:	a period of twelve (12) months from any anniversary of the policy.

"**Pre-Existing Illness**"	:	Disabilities which existed before the Issue Date or Reinstatement Date, whichever is later, of which the Insured has reasonable knowledge. The Insured is considered to have reasonable knowledge of a pre-existing condition where the condition is one for which: (a) the Insured had received or is receiving treatment; (b) medical advice, diagnosis, care or treatment has been recommended; (c) clear and distinct symptoms are or were evident; or its existence would have been apparent to a reasonable person in the circumstances.
"**Prescribed Medicines**"	:	medicines dispensed by a Physician, a registered pharmacist or a Hospital and which have been prescribed by a Physician or Specialist in respect of treatment for a covered Disability.
"**Reasonable and Customary Charges**"	:	charges for medical care and services for the treatment of a Disability that do not exceed the general level of charges made by other medical care and service providers for the treatment of the same Medically Necessary condition in that locality.
"**Sickness**", "**Disease**" **or** "**Illness**"	:	a physical condition marked by a pathological deviation from the normal healthy state.
"**Specialist**"	:	a medical practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine, excluding a physician or surgeon who is the Insured himself.
"**Specified Illness**"	:	refer to the following Disability and its related complications: (a) hypertension, diabetes mellitus or cardiovascular disease; (b) growths of any kind including tumours, cancers, cysts, nodules, polyps; (c) stones of the urinary system and biliary system; (d) any disease of the ear, nose (including sinuses) or throat; (e) hernias, haemorrhoids, fistulae, hydrocele or varicocele; (f) any disease of the reproductive system including endometriosis ; or (g) any disorders of the spine (including a slipped disc) or any knee conditions.
"**Surgery**"	:	any of the following medical procedures: (a) to incise, excise or electrocauterize any organ or body part, except for dental services; (b) to repair, revise, or reconstruct any organ or body part; (c) to reduce by manipulation a fracture or dislocation; or (d) use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.
"We", "Us", "Our" or "Company"	:	means Manulife Insurance Berhad.
"You", "Your" or "Insured"	:	means person whose life is insured under this policy.

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POLICY CONTRACT FOR MANULIFE EZ-MED DEDUCTIBLE

This provision is only applicable if the Form Number is specified in the Policy Information Page or Endorsement Page.

1. GENERAL PROVISION

1.1. The Contract

This policy is issued in consideration of the payment of premium as specified in the Schedule of Premiums and Benefits and pursuant to:

(a) the answers given by You and/ or the Insured in application/proposal form or any subsequent questionnaires given by Us on any matters relating to Your proposal and any disclosures made by You and/ or the Insured between the time of submission of Your application/proposal form and the time this contract is entered into; and

(b) medical reports and any other reports and questionnaires,

(collectively "Material Information").

The Material Information shall form part of this contract of insurance between Us and You. However, in the event of any pre-contractual misrepresentation made in relation to the Material Information, only the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

If You are required by Us, before this policy is renewed or varied, to answer any questions, or if You are required to confirm or amend any matter previously disclosed to Us in relation to this policy, it is Your duty to take reasonable care not to make a misrepresentation when answering the questions or confirming or amending any matter previously disclosed.

1.2. Alteration

Alteration or waiver of the policy provisions will not be valid unless made by an endorsement and duly authorised by an authorised person of the Company. Where the introduction, imposition or variation of any law, order, regulation or official directive renders it unlawful or impractical without breaching such law, order, regulation or official directive for the Company to continue this Policy, the Company may alter and/or waive the Policy provisions in its sole and absolute discretion as necessary or appropriate to comply with such law, order, regulation or official directive upon serving an advance written notice to the Policyholder.

1.3. Incontestability

Except for fraud, this policy will be incontestable after it has been in-force during the lifetime of the Insured for two (2) years from the Issue Date or any reinstatement date, whichever is later.

1.4. Free Look Period

You may cancel this policy by giving written notice to the Company within fifteen (15) days from the date of receipt. We will refund all premiums paid (less any medical examination fees incurred, if any) to Policy Owner and this policy shall be cancelled.

1.5. Policy Owner

The Policy Owner of this policy is as designated on the Policy Information Page or Endorsement Page. During the lifetime of the Insured, only the Policy Owner can exercise all rights and privileges available under this policy, without affecting the rights of any Trustee or Assignee on record.

1.6. Change of Ownership and Assignment

While the Insured is living, the Policy Owner may change the ownership of this policy or assign this policy by completing the form prescribed by Us. The change will be effective only after the policy is endorsed by Us. We assume no responsibility for the validity of any assignment.

1.7. The Nominee

The Nominee is as designated on the Policy Information Page or Endorsement Page and this designation will remain in effect unless it is subsequently changed.

1.8. Change of Nominee

While the Insured is living, the Policy Owner may change the Nominee of this policy by completing the form prescribed by Us. The change will be effective only after the policy is endorsed by Us.

1.9. Change of Address

It is important that You, Your Nominee(s) or Your Trustee(s) inform Us of any change in address and/or contact details to ensure that all correspondences reach You, Your nominee(s) or Your Trustee(s) in a timely manner.

1.10. Misstatement of Age or Gender

If the age or gender of the Insured has been misstated, Our liability under this policy will be such as the premiums paid would have purchased using the correct age and gender provided that We would have issued this policy in accordance with its normal rules and regulations applicable at the time the policy was issued. Otherwise, We will return the premiums paid without interest.

1.11. Reinstatement

This policy may be reinstated at Policy Owner's own expense at any time within three (3) years after the due date of the premium in default. The reinstatement of this policy would be subject to Our underwriting rules at the point of time, evidence of insurability satisfactory to Us and repayment of all overdue premiums with interest. We will determine the interest rate charged on the repayment of overdue premiums.

1.12. Currency

All payments to be made under this policy to or by Us shall be in the legal currency of Malaysia.

1.13. Law

This policy is issued under and will be construed in accordance with the laws of Malaysia.

1.14. Medical Examination

We will have the right to request the Insured to submit a medical examination result, whenever it may be reasonably required.

1.15. Subrogation

If We shall become liable for any payment under this policy, We shall be subrogated to the extent of such payment to all the rights and remedies of the Insured against any party and shall be entitled at Our own expense to sue in the name of the Insured. The Insured shall give or cause to be given to Us all such assistance in his/her power as We shall require to secure the rights and remedies and at Our request shall execute or cause to be executed all documents necessary to enable Us to effectively bring a suit in the name of the Insured.

1.16. Notice

Every notice or communication to Us shall be in writing and sent to Us. No alterations in the terms of this provision, or any endorsement thereon will be held valid unless the same is signed or initialed by Our authorised representative.

2. ELIGIBILITY AND SCOPE

2.1. Waiting Period

Eligibility for the benefits of this policy shall commence after:
(a) one hundred twenty (120) days for Specified Illness; and
(b) thirty (30) days for any other covered Disability,
from the Issue Date or Reinstatement Date, whichever is later. However, no Waiting Period is imposed if the Injury is due to an Accident.

2.2. Geographical Territory

The benefits under this policy are applicable worldwide for twenty-four (24) hours a day.

2.3. Overseas Treatment

If the Insured elects to or is referred to be treated outside Malaysia by the attending Physician, benefits in respect of the treatment shall be limited to the Reasonable and Customary Charges on Medically Necessary condition for such equivalent local treatment in Malaysia and shall exclude the cost of transportation to the place of treatment.

2.4. Residence Overseas

No benefit shall be payable for any medical treatment received outside Malaysia, Brunei or Singapore, if the Insured resides or travels outside these countries for more than ninety (90) consecutive days.

2.5. Non-Participating and Cash Surrender Value

This policy does not participate in Our divisible surplus and does not have any cash surrender value.

2.6. Cancellation of Policy

Policy Owner may cancel the coverage of this policy at any time by giving written notice to Us. Thereafter, the policy will be cancelled and We will refund to Policy Owner a portion of modal premium, as shown below provided that:

(a) no claim is made during the Policy Year; and
(b) all due premiums have been paid.

On Each Policy Year, Period Not Exceeding	Refund of Current Modal Premium (based on percentage of Modal Premium)	
	Annual Premium Mode	Monthly Premium Mode
15 days*	90%	No refund
1 month	80%	
2 months	70%	
3 months	60%	
4 months	50%	
5 months	40%	
6 months	30%	
7 months	25%	
8 months	20%	
9 months	15%	
10 months	10%	
11 months	5%	
Period exceeding 11 months	0%	

*Not applicable for first (1st) Policy Year.

2.7. Termination of Policy

This policy shall automatically terminate on the first occurrence of any of the following:

(a) the Policy Owner gives Us a written notice requesting discontinuance of this policy;
(b) premium due remains unpaid at the end of the Grace Period;
(c) upon the death of the Insured;
(d) after the Overall Lifetime Limit of the purchased plan is fully exhausted; or
(e) on the Expiry Date of this policy as shown on the Policy Information Page or Endorsement Page.

The termination shall not affect any claims arising prior to such termination. Any premiums paid subsequent to the termination will be refunded without interest.

3. PREMIUM AND CHARGES PROVISIONS

3.1 Payment of Premium

Premiums payable for first Policy Year are as specified on the Policy Information Page or Endorsement Page. All premiums are payable on or before their due dates. Subject to the written request by Policy Owner and upon Our consent, frequency for premiums payments may be changed, based on the available options.

3.2 Grace Period

We allow a Grace Period of thirty (30) days from each premium due date of this policy. During the Grace Period, the benefits under this policy shall continue to apply. If any premium remains unpaid at the end of the Grace Period, this policy will immediately lapse and cease to be in-force.

3.3 Period of Cover and Renewal

This Policy shall become effective as at the Issue Date stated in the Policy Information Page or Endorsement Page. The anniversary of this Policy shall be one (1) year after the Issue Date and annually thereafter. Except in the event of fraud or misrepresentations, this policy is renewable on each policy anniversary at the premium rates in effect at that time, based on the Insured's attained age.

3.4 Amendment of Premium Rates

The premium of this policy is not guaranteed. We reserve the right to amend the premium rates on the policy anniversary provided that the amendments have been notified to Policy Owner at least thirty (30) days prior to the policy anniversary, by which time these amended rates are deemed to apply.

3.5 Tax

The premium and/or policy charges, whichever applicable, may be subject to taxes that may be introduced by the Government of Malaysia from time to time. We reserve the right to collect from Policy Owner an amount equivalent to the prevailing rate of taxes payable for the premium and/or policy charges, as applicable. Such taxes, duties, levies or imposts payable shall be paid in addition to the applicable premiums and other charges. All provisions in this policy on payment of premiums and default thereof shall apply equally to such tax and any other duties, taxes levies or imposts.

4. PAYMENT OF BENEFITS AND CLAIMS PROVISIONS

4.1 Proof of Age

Satisfactory proof of age of the Insured must be furnished to Us before any payment of benefits under this policy is made.

4.2 Payment Made By Us

We will pay the benefits under this policy at Our Head Office or Regional Support Centres. Prior to making any payment, We reserve the right to deduct any indebtedness to Us on this policy.

4.3 Claim Forms

Upon receipt of a notice of claim, We will furnish the necessary claim forms to the claimant. Affirmative proof of Hospitalisation or Disability in such forms must be fully completed at the claimant's own expense and returned to Us within ninety (90) days after the date of discharge from the Hospital together with the original copies of the itemised Hospital bills and receipts.

4.4 Claim Procedures

(a) The Insured shall give written notice to Us within thirty (30) days after the commencement of any Hospitalisation or within such longer periods as We may in writing allow, stating full particulars of such event, including all original bills and receipts, and a full Physician's report stipulating the diagnosis of the condition treated, commencement date of Hospitalisation and the Physician's summary of the cost of treatment including Prescribed Medicines and services rendered.

Failure to furnish such notice within the time allowed shall not invalidate any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.

(b) The Insured shall immediately procure and act on proper medical advice. We shall not be held liable in the event a treatment or service becomes necessary due to failure of the Insured to do so.

4.5 Incomplete Claims

All claims must be submitted to Us within thirty (30) days of completion of the events for which the claim is being made. Eligible claims are not deemed complete and are not payable unless all bills for such claims have been submitted and agreed by Us. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at Our sole discretion.

4.6 Contribution

If the Insured holds other insurance covering any Illness or Injury insured by this provision, We shall not be liable for a greater proportion of such Illness or Injury other than the amount applicable hereto under this policy which bears the total amount of all valid insurance covering such Illness or Injury.

4.7 Condition Precedent To Liability

The due observance and the fulfilment of the terms, provisions and conditions of this policy by the Insured and in so far as they relate to anything to be done or complied with by the Insured shall be conditions precedent to any of Our liability.

4.8 Legal Proceedings

No action at law or in equity shall be brought to recover on this provision prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this provision. If the Insured shall fail to supply the requisite proof of loss as stipulated by the relevant terms, provisions and conditions, the Insured may, within a grace period of one (1) year from the time that the written proof of loss is to be furnished, submit the relevant proof of loss to Us with cogent reason(s) for the failure to comply with the policy terms, provisions and conditions. The acceptance of such proof of loss shall be at Our sole discretion. After such grace period has expired, We will not accept, for any reason whatsoever, such written proof of loss.

5. BENEFIT PROVISION

While this policy is in-force and subject to the Waiting Period Clause, if there is any covered Disability that necessitates the Insured to be confined to a Hospital or to receive Medically Necessary treatments in relation to any benefits set forth in the Benefit Schedule, We shall reimburse the Eligible Expenses incurred, up to the limits set for respective plan, subject to terms and conditions of this policy.

5.1. Benefit Schedule

<table>
<tr><th colspan="2" rowspan="2">BENEFIT SCHEDULE</th><th colspan="2">PLAN TYPE</th></tr>
<tr><th>PLATINUM</th><th>GOLD</th></tr>
<tr><td colspan="4">SECTION A. HOSPITAL AND SURGICAL BENEFITS</td></tr>
<tr><td>(a)</td><td>Daily Hospital Room & Board (no limit on number of days)</td><td>RM250 per day</td><td>RM150 per day</td></tr>
<tr><td>(b)</td><td>Hospital Intensive Care (no limit on number of days)</td><td colspan="2" rowspan="9">Reimbursement of Reasonable and Customary Charges, less Deductible Amount</td></tr>
<tr><td>(c)</td><td>Surgical Benefit</td></tr>
<tr><td>(d)</td><td>Anaesthetist’s Benefit</td></tr>
<tr><td>(e)</td><td>Operation Theatre Benefit</td></tr>
<tr><td>(f)</td><td>Attending Physician’s Benefit</td></tr>
<tr><td>(g)</td><td>Pre-Hospitalisation Benefit (60 days prior to Hospitalisation)
• Specialist Consultation
• Diagnostic X-Ray
• Laboratory Examination and Scans.</td></tr>
<tr><td>(h)</td><td>Post-Hospitalisation Benefit (90 days after Hospitalisation)
• Outpatient Diagnostic X-Ray and Laboratory Examination
• Medical Expenses and Consultation</td></tr>
<tr><td>(i)</td><td>Hospital Miscellaneous Services</td></tr>
<tr><td>(j)</td><td>Ambulance Fee</td></tr>
<tr><td colspan="4">SECTION B. OUTPATIENT AND EMERGENCY BENEFITS</td></tr>
<tr><td>(k)</td><td>Day Surgery
(including 90 days follow-up treatment)</td><td colspan="2" rowspan="2">Reimbursement of Reasonable and Customary Charges, less Deductible Amount</td></tr>
<tr><td>(l)</td><td>Outpatient Dengue Treatment</td></tr>
<tr><td>(m)</td><td>Outpatient Kidney Dialysis Treatment</td><td colspan="2" rowspan="3">Reimbursement of Reasonable and Customary Charges</td></tr>
<tr><td>(n)</td><td>Outpatient Cancer Treatment</td></tr>
<tr><td>(o)</td><td>Emergency Accidental Injury Benefit
(up to RM1,000 per Injury)</td></tr>
<tr><td>(p)</td><td>International Emergency Medical Evacuation
(up to RM100,000 per lifetime)</td><td colspan="2" rowspan="2">Applicable</td></tr>
<tr><td>(q)</td><td>Emergency Assistance Services</td></tr>
<tr><td colspan="4">SECTION C. OTHER BENEFITS</td></tr>
<tr><td>(r)</td><td>Daily Government Hospital Cash Benefit
(up to 60 days per Disability)</td><td colspan="2">RM50 per day</td></tr>
<tr><td>(s)</td><td>Government Tax</td><td colspan="2">Reimbursement of any applicable taxes incurred based on Reasonable and Customary Charges</td></tr>
<tr><td colspan="2">OVERALL ANNUAL LIMIT</td><td>RM250,000</td><td>RM150,000</td></tr>
<tr><td colspan="2">OVERALL LIFETIME LIMIT</td><td>RM2,500,000</td><td>RM1,500,000</td></tr>
<tr><td colspan="2">DEDUCTIBLE AMOUNT</td><td colspan="2">RM500 per Policy Year</td></tr>
</table>

Deductible Amount shall mean that portion of expenses covered under the Benefit Schedule for which You are liable before any benefits are payable by Company. The Company will only pay the balance expenses incurred for all eligible benefits accumulated on per Policy Year basis after deducting the Deductible Amount, as stated in the Benefit Schedule.

Deductible Amount will not be applicable if a claim is incurred:

(i) from a Malaysian Government Hospital or Malaysian Government Clinic;
(ii) due to an Emergency Treatment;
(iii) from Outpatient Kidney Dialysis Treatment;
(iv) from Outpatient Cancer Treatment; or
(v) from Emergency Accidental Injury Benefit.

5.2. Value-added Benefit

Pre-Certification Hospitalisation Programme

This is a value-added service provided at Our absolute discretion to the Insured through Our appointed third-party administrator.

The third-party administrator will, when authorised by Us in writing, guarantee and pay the Insured's medical expenses incurred during Hospitalisation according to Our terms and conditions, which may be amended and/or modified by Us from time to time.

However, this value-added service is only available to the Insured after the third-party administrator has verified the status of the Insured's medical insurance policy, confirmed the eligibility of the Insured for this service, and ascertained that the Insured's medical condition for Hospitalisation does not fall under any of the Exclusions as stated in Clause 5.4 or other circumstances justifying further investigation by Us.

Please refer to Assistance Services Programme Provision for detailed scope of services.

5.3. Description Of Benefits In Benefit Schedule

(a) Daily Hospital Room and Board

We shall reimburse the Reasonable and Customary Charges incurred for Medically Necessary room accommodation and meals. The amount payable under this benefit shall be equal to the actual charges made by the Hospital during Hospitalisation of the Insured, but in no event shall the benefit exceed, for any one day, the rate of Daily Hospital Room and Board as set forth in the Benefit Schedule. The Insured will only be entitled to this benefit if he/she is confined to a Hospital as an Inpatient.

(b) Hospital Intensive Care

We shall reimburse the Reasonable and Customary Charges incurred for Medically Necessary room and board during Insured's confinement as an Inpatient in the Intensive Care Unit of a Hospital. The amount payable under this benefit shall be equal to the actual charges made by the Hospital.

For the avoidance of doubt, the Daily Hospital Room and Board benefit will not be payable for the same confinement period if this Hospital Intensive Care benefit is paid.

(c) Surgical Benefit

If benefit 5.3(a) is payable, We will reimburse the Reasonable and Customary Charges for Medically Necessary Surgery by the Specialists, including Specialist's pre-surgical assessment visits to the Insured and post-surgery care up to maximum thirty-one (31) days from the date of Surgery. If more than one (1) Surgery is performed for any one confinement, the total payments for all the Surgeries performed shall not exceed the limits set forth in the Benefit Schedule.

(d) Anaesthetist's Benefit

If benefit 5.3(c) is payable, We will reimburse the Reasonable and Customary Charges by the Anaesthetist for the Medically Necessary administration of anaesthesia, subject to the limits set forth in the Benefit Schedule.

(e) **Operation Theatre Benefit**

If benefit 5.3(c) is payable, We will reimburse the Reasonable and Customary Charges incurred for operating room incidental to Medically Necessary surgical procedure.

(f) **Attending Physician's Benefit**

We will reimburse the cost incurred within the Reasonable and Customary Charges for Medically Necessary consultation fees charged by a Physician during the Insured's Hospitalisation.

(g) **Pre-Hospitalisation Benefit**

We will reimburse the cost incurred within the Reasonable and Customary Charges for Medically Necessary treatment, including Specialist's consultation fees, diagnostic X-ray, laboratory examinations and radiological scans such as CT, MRI and ultrasound following referral from a Physician, for each Illness or Injury requiring confinement to a Hospital.

Benefit will only be payable provided such consultation and diagnostic X-ray, laboratory examinations and radiological scans are done in connection with that Hospitalisation and within sixty (60) days prior to such Hospitalisation.

Benefit is not payable for Outpatient treatment (including medication and any subsequent consultations after the Illness is diagnosed), or if the patient is not subsequently Hospitalised or surgically treated after such diagnostic services have been performed.

(h) **Post-Hospitalisation Benefit**

We will reimburse the cost incurred within the Reasonable and Customary Charges for Medically Necessary follow-up treatment with the same Hospital Physician, where the follow up treatment has to be done in connection to the specified medical conditions for which the Insured was Hospitalised, within ninety (90) days immediately following discharge from Hospital.

Follow-up treatment shall include the following:

(a) Outpatient diagnostic X-ray and laboratory examination upon the written recommendation or approval of the same hospital Physician; and
(b) medical expenses and consultation for follow-up treatment from the same Hospital which may include:
    (i) drugs and Prescribed Medicine but shall not exceed the supply needed for the maximum number of days as set forth in Benefit Schedule;
    (ii) dressings, ordinary splints and plaster casts, excluding special braces and appliances equipment;
    (iii) physiotherapy;
    (iv) intravenous injections and solutions; or
    (v) administration of blood and blood plasma but excluding the cost of blood or blood plasma.

(i) **Hospital Miscellaneous Services**

If benefit 5.3(a) is payable, We will reimburse the Reasonable and Customary Charges incurred for any of the following Medically Necessary services rendered, subject to limits set forth in the Benefit Schedule:

(a) drugs and Prescribed Medicine by the attending Physician and consumed during the Hospital confinement;
(b) dressings, ordinary splints and plaster casts, excluding special braces, appliances or special equipment;
(c) laboratory examinations;
(d) electrocardiograms;
(e) basal metabolism tests;
(f) physiotherapy;
(g) X-ray examinations;
(h) intravenous injections and solutions; or
(i) X-ray therapy, radium therapy, radium isotopes, blood and blood plasma but excluding the cost of blood and blood plasma.

(j) **Ambulance Fee**

We shall reimburse the Reasonable and Customary Charges incurred for Medically Necessary domestic land ambulance services (inclusive of attendant) to and/or from the Hospital of confinement, subject to the limits set forth in the Benefit Schedule. Payment will not be made if the Insured is not Hospitalised.

(k) **Day Surgery**

We shall reimburse the Reasonable and Customary Charges incurred for any Medically Necessary surgical procedures performed in a day surgery unit or a clinic at a Hospital on a pre-plan basis where the Insured both arrives the day surgery unit or clinic at a Hospital and returns home on the day of the procedures.

We shall also reimburse the Reasonable and Customary Charges incurred for follow-up treatment up to ninety (90) days from the date of each surgical procedure carried out by the same Hospital Physician, following discharge from Hospital.

Follow-up treatment shall include:

(a) Outpatient diagnostic X-ray and laboratory examination upon the written recommendation or approval of the same Hospital Physician and done in connection with that surgical procedure; and

(b) medical expenses and consultation for follow-up treatment of the specified medical condition from the same Hospital in which the surgical procedure is performed and may include:
   (i) drugs and Prescribed Medicine during the follow-up treatment but shall not exceed the supply needed for the maximum number of days as set forth in the Benefit Schedule;
   (ii) dressings, ordinary splints and plaster casts but excluding special braces and appliances equipment;
   (iii) physiotherapy;
   (iv) intravenous injections and solutions; or
   (v) administration of blood and blood plasma but excluding the cost of blood or blood plasma.

We reserve the right to treat any Inpatient treatment as Outpatient treatment when in the opinion of Our medical examiner such Inpatient treatment could have been done as an Outpatient Treatment.

(l) **Outpatient Dengue Treatment**

If the Insured is diagnosed with Dengue Fever as defined below, We shall reimburse the Reasonable and Customary Charges incurred for any Medically Necessary Dengue Fever treatment (including consultation, examination tests and take-home drugs) received as Outpatient at any registered clinic or Hospital, subject to the limit set in Benefit Schedule.

"**Dengue Fever**" means an acute febrile illness. The disease must be diagnosed by a registered medical practitioner and be supported by acceptable clinical, serology, histology and laboratory evidence. Diagnosis based solely on clinical observation is not sufficient.

We reserve the right to treat any Inpatient dengue treatment as Outpatient dengue treatment when in the opinion of Our medical examiner such Inpatient treatment could have been given as an Outpatient Treatment.

(m) Outpatient Kidney Dialysis Treatment

If the Insured is diagnosed with Kidney Failure as defined below, We will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of kidney dialysis performed at a legally registered dialysis centre, subject to the limits set forth in the Benefit Schedule.

Such treatment must be received at the Outpatient department of a Hospital or a legally registered dialysis centre immediately following discharge from Hospital confinement or Surgery.

"**Kidney Failure**" means end-stage kidney failure presenting as chronic Irreversible failure of both kidneys to function, as a result of which regular dialysis is initiated or kidney transplantation is carried out.

This benefit shall not cover any claim whereby the symptoms first occurred prior to, or within thirty (30) days from the Issue Date or any reinstatement date of the policy.

We reserve the right to treat any Inpatient kidney dialysis treatment as Outpatient kidney dialysis treatment when in the opinion of Our medical examiner such Inpatient treatment could have been given as an Outpatient treatment.

(n) Outpatient Cancer Treatment

If the Insured is diagnosed with Cancer as defined below, We shall reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of Cancer performed at a legally registered Cancer treatment centre, subject to the limits set forth in the Benefit Schedule.

Such treatment (radiotherapy or chemotherapy) must be received at the Outpatient department of a Hospital or a legally registered Cancer treatment centre immediately following discharge from Hospital Confinement or Surgery.

"**Cancer**" means as any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are not covered: -

(a) all cancers which are histologically classified as any of the following:
  (i) pre-malignant
  (ii) non-invasive
  (iii) carcinoma in situ
  (iv) having borderline malignancy
  (v) having malignant potential
(b) all tumours of the prostate histologically classified as T1N0M0 (TNM classification)
(c) all tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
(d) all tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
(e) chronic Lymphocytic Leukemia less than RAI Stage 3
(f) all cancers in the presence of HIV
(g) any skin cancer other than malignant melanoma

This benefit shall not cover any claim whereby the symptoms first occurred prior to, or within one hundred twenty (120) days from the Issue Date or reinstatement date of the Policy.

We reserve the right to treat any Inpatient Cancer treatment as Outpatient Cancer treatment when in the opinion of Our medical examiner such Inpatient treatment could have been given as an Outpatient treatment.

(o) Emergency Accidental Injury Benefit

Subject to the limits set forth in the Benefit Schedule, We will reimburse the (i) cost incurred within the Reasonable and Customary Charges for Medically Necessary treatment as an Outpatient at any registered clinic or Hospital due to a covered Injury, within twenty-four (24) hours of an Accident; and
(ii) follow-up treatment by the same Doctor, registered clinic or Hospital for the same Injury up to thirty-one (31) days from the Accident.

(p) **International Emergency Medical Evacuation**

This is a value-added service provided at Our absolute discretion to the Insured through Our appointed third-party administrator.

When as a result of a Disability commencing while the Insured is traveling outside Malaysia for a period not exceeding ninety (90) days per trip, and in the opinion of the third party administrator, it is deemed medically appropriate to move the Insured to another location for medical treatment or to return the Insured to Malaysia, the third party administrator shall arrange for the evacuation utilising the means best suited to do so, based on the severity of the Insured's condition.

Upon verification, We shall pay directly to the third party administrator in reimbursement of the covered expenses for such evacuation up to a maximum of one hundred thousand Ringgit Malaysia (RM100,000) per lifetime.

Please refer to Assistance Services Programme Provision for detailed scope of services.

(q) **Emergency Assistance Services**

This is a value-added service provided at Ours absolute discretion to the Insured for Travel Assistance and Medical Assistance services through Our appointed third-party administrator. These value-added services are provided to the Insured strictly in accordance with Our terms and conditions, which may be amended and/or modified by Us from time to time.

Please refer to Assistance Services Programme Provision for detailed scope of services.

(r) **Government Hospital Cash Benefit**

If benefit 5.3(a) is payable and the Insured is confined to a Malaysian Government Hospital as an Inpatient, We will pay a daily allowance for each day of the confinement for a covered Disability, provided the Insured is not confined to a room and board rate that exceeds his/her Daily Hospital Room and Board entitlement. No payment will be made for any transfer to or from any Private Hospital and Malaysian Government Hospital.

"**Malaysian Government Hospital**" means a hospital which charges of services are subject to the Fee Act 1951 and Fees (Medical) Order 1982 and/or its subsequent amendments, if any.

(s) **Government Tax**

We will reimburse any applicable taxes on taxable supplies and services provided to the Insured, incurred based on Reasonable and Customary Charges, subject to the limits set forth in the Benefit Schedule.

Deductible Amount

Deductible Amount shall mean that portion of expenses covered under the Benefit Schedule for which You are liable before any benefits are payable by Company. The Company will only pay the balance expenses incurred for all eligible benefits accumulated on per Policy Year basis after deducting the Deductible Amount, as stated in the Benefit Schedule.

Deductible Amount will not be applicable if a claim is incurred:

(i) from a Malaysian Government Hospital or Malaysian Government Clinic;
(ii) due to an Emergency Treatment;
(iii) from Outpatient Kidney Dialysis Treatment;
(iv) from Outpatient Cancer Treatment; or
(v) from Emergency Accidental Injury Benefit.

Overall Annual Limit

Benefits payable in respect of Eligible Expenses incurred for coverage provided to the Insured in any one (1) Policy Year shall be limited to the Overall Annual Limit as stated in the Benefit Schedule, irrespective of the types of Disability. Once the Overall Annual Limit for a particular Policy Year has been fully exhausted, all benefits under this Policy shall immediately cease to be payable for that remaining Policy Year.

Overall Lifetime Limit

Total maximum benefits payable in respect of Eligible Expenses incurred for coverage provided to the Insured during the whole policy term shall be limited to the Overall Lifetime Limit as stated in Benefit Schedule, irrespective of the types of Disability. Once the Overall Lifetime Limit is fully exhausted, the Policy shall automatically be terminated.

Successive Periods of Hospital Confinement

Successive periods of Hospital confinement shall be considered as one period of confinement or a Disability unless:

(i) the subsequent confinement is due to causes entirely unrelated to the causes of the previous confinement; or

(ii) the subsequent confinement commences at least ninety (90) days after discharge from the Hospital for the previous confinement.

5.4. EXCLUSIONS

This Policy does not cover any Hospitalisation, Surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

(a) Pre-Existing Illness;

(b) Specified Illnesses occurring during the first one hundred and twenty (120) days of continuous cover, from the Issue Date or reinstatement date of the Policy, whichever is later.

(c) any medical or physical conditions arising within the first thirty (30) days from the Issue Date or reinstatement date of the Policy, whichever is later, except for accidental Injury;

(d) plastic/cosmetic surgery, 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;

(e) dental conditions including dental treatment or oral surgery except as necessitated by Injury to sound natural teeth occurring wholly during the period of insurance;

(f) private nursing, rest cures or sanitaria care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS-Related Complex) and HIV-related diseases;

(g) any treatment or surgical operation for congenital abnormalities or deformities, including hereditary conditions;

(h) 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;

(i) Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of any Sickness, Disease, Illness, Injuries 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;

(j) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;

(k) 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;

(l) ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;

(m) expenses incurred for donation of any body organ by the Insured and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications. However, the cost of actual undergoing of a major organ transplant as a recipient by the Insured is covered;

(n) 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;

(o) 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 Disability arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract;

(p) psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);

(q) 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;

(r) private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
(s) expenses incurred for sex/gender changes;
(t) medical treatment received by the Insured outside Malaysia, Brunei or Singapore, if the Insured resides or travels outside these countries for more than ninety (90) consecutive days; or
(u) cost/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.