



MEDI HEALTH PLUS +

Product Disclosure Sheet

1. What is this product about?

Medi Health Plus + is a comprehensive Medical Insurance protection from age 30 days up to 80 years old with guarantee renewal condition. Affordable premiums with 5 choices of Plans and Annual Limits to cater for the young and seniors. No claim discount of 10% applicable in the event of no claim in the previous year.

2. What are the covers / benefits provided?

The benefits also include 6% government service tax charged on Room & Board, Medical Report Fees and Daycare Procedure.

Duration of cover is for one year. You need to renew your insurance cover annually.

Plans	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Benefits					
Overall annual limit	50,000	80,000	120,000	150,000	250,000
Lifetime limit	150,000	240,000	360,000	450,000	750,000
In-Hospital Benefits					
Hospital Room and board (per day, max 120 days)	180	220	350	400	500
Intensive Care Unit (per day, max 75 days)	360	440	700	800	1,000
Surgical and Medical Benefits					
Surgical Fees (including Post-surgery Care up to 60 days from date of discharge)	Full Reimbursement				
Anaesthetist Fee					
Operating Theatre					
Hospital Supplies & Services					
In-Hospital Surgical Physician Visit (per day, max 120 days)					
Pre-Surgical Specialist Consultation & Diagnostic Test (within 60days prior to surgery)					
Post-Hospitalization Treatment (within 60 days from date of discharge)					
In-Hospital Non-Surgical Physician Visit (per day, max 120 days)	200	200	200	300	300
Out-Patient Medical Benefits					

Emergency Accidental Out-Patient Treatment (within 24 hours and follow-up treatment at hospital and clinic up to 30 days)	Full Reimbursement				
Out-patient Physiotherapy Treatment (within 60 days from date of discharge)	500	500	500	500	500
Ambulance Fees	200	200	300	400	500
Annual Out-Patient Kidney Dialysis Treatment	15,000	24,000	30,000	36,000	60,000
EXTENDED BENEFITS					
Organ Transplant (per lifetime limit)	20,000	30,000	35,000	40,000	50,000
Medical Report	Full Reimbursement				
Daily-Cash Allowance At Government Hospital (up to 120 days)	60	100	130	150	200
Insured Daily Guardian (age >60 years old) (in the event of disablement, max 60 days)	Full Reimbursement				
Accidental Death & Permanent Disablement (Once per lifetime)	20,000	30,000	35,000	40,000	50,000
Outpatient Cancer Treatment (Once per lifetime)	20,000	30,000	35,000	40,000	50,000
Hospitalisation due to Kidnap, Rape or Snatch Theft (per lifetime limit)	Up to 10,000	Up to 15,000	Up to 17,500	Up to 20,000	Up to 30,000
Government Service Tax	5% of Hospital Room & Board Eligible Expenses				
Bereavement Benefit	1,000	1,500	1,500	1,500	2,000

3. How much premium do I have to pay?

The total premium that you need to pay depends on your age next birthday, gender, occupation, health status and the selected plan of your choice. However, this may vary depending on our underwriting requirements. Please refer below for the premium for standard risks:

Age at next birthday
Basic Plan

(Reimbursement)

30 days - 17	601	662	733	794	882
18 - 25	531	591	655	710	794
26 - 35	571	644	715	778	877
36 - 45	631	744	837	919	1,064
46 - 50	863	1,038	1,181	1,306	1,531
51 - 55 (Renewal)	1,088	1,310	1,490	1,657	1,939
56 - 60 (Renewal)	1,448	1,757	2,034	2,247	2,663
61 - 65 (Renewal)	1,958	2,369	2,751	3,041	3,603
66 - 70 (Renewal)	3,085	3,730	4,387	4,840	5,759

Senior Plan
(Reimbursement)

51 - 55	1,209	1,456	1,656	1,841	2,155
56 - 60	1,609	1,953	2,259	2,497	2,959
61 - 65 (Renewal)	2,175	2,632	3,056	3,379	4,004
66 - 70 (Renewal)	3,085	3,730	4,387	4,840	5,759
71 - 80 (Renewal)	5,047	5,962	7,046	7,687	9,110

With MCO
Basic Plan

30 days - 17	668	736	814	882	980
18 - 25	590	657	727	789	882
26 - 35	634	715	795	865	975
36 - 45	701	827	930	1,021	1,182
46 - 50	959	1,153	1,313	1,451	1,701
51 - 55 (Renewal)	1,209	1,456	1,656	1,841	2,155
56 - 60 (Renewal)	1,609	1,953	2,259	2,497	2,959
61 - 65 (Renewal)	2,175	2,632	3,056	3,379	4,004
66 - 70 (Renewal)	3,085	3,730	4,387	4,840	5,759

Senior Plan

51 - 55	1,360	1,637	1,863	2,071	2,424
56 - 60	1,810	2,197	2,542	2,809	3,329
61 - 65 (Renewal)	2,447	2,962	3,438	3,801	4,504
66 - 70 (Renewal)	3,471	4,197	4,936	5,445	6,479
71 - 80 (Renewal)	5,678	6,707	7,927	8,648	10,249

4. What are the fees and charges I have to pay?

What you have to pay in addition to the premium

- a) Stamp Duty – RM10.00

5. What is included in the premium?

- a) Commissions paid to insurance intermediaries (individual policy) - 15% of premium

6. Do I get a No-Claim Discount if I do not make a claim?

Yes, you will be rewarded with a 10% discount off your annual premium when no claim is made during the preceding policy year.

7. What are some of the key terms and conditions that I should be aware of?

Age Limit

Basic Plan :- Entry age from 30 days old to 50 years old and Renewable up to 70 years old

Senior Plan :- Entry age form 51 years old to 60 years old and Renewable up to 80 years old

Importance of Disclosure

You must disclose all material facts such as personal particulars, occupation and any medical condition which you already had when you apply for the policy. This includes any medical condition or symptoms whether or not being treated and any previous medical condition which recurs or which you should reasonably have known about even if you have not consulted a medical practitioner. If you are in any doubt you should disclose the medical condition. Failure to notify MCIB of all material facts and medical condition may result in claims being refused or cover withdrawn.

Cash Before Cover

It is fundamental and an absolute special condition of this insurance that the premium due must be paid and received by us before cover commences. This insurance policy is automatically null and void if this condition is not complied.

Cooling-off period

You may cancel your policy by returning the policy within 15 days after you have received the policy. The premiums that you have paid (less medical expenses incurred) will be refunded to you.

Waiting Period

The eligibility for benefits under the policy will only start 30 days after the effective date of the policy except for accidental injuries. For specified illness, eligibility for benefits under the policy will only start 120 days after the effective date of the policy.

Claim Procedures

All Insured Persons will be given an Healthcare Card for Plan with MCO service. With this card, you have access to our panel hospitals throughout Malaysia. We will obtain the preliminary diagnosis from Medical Report completed by your attending physician (which may take 1 to 2 hours). It is best for you to arrange such report before hospital admission for preplanned treatment. You may be required to make personal deposit as required by the hospital's regulations.

After validation of your preliminary diagnosis to determine that the condition requiring treatment is a covered condition under the policy, an initial Guarantee Letter will be issued to the hospital for your admission, subject to the benefit limits.

Upon discharge, the hospital will provide the final diagnosis and itemised bill for us to settle the valid medical bill (which may take 1 to 2 hours). Any ineligible or excess expenses not covered are to be settled by you.

In the circumstances that your preliminary diagnosis may not be easily ascertainable or that your condition requiring treatment may not be covered under the policy, you are advised to pay for your own treatment first and file a claim after discharge.

Please notify us within 30 days of any occurrences for admission to non-panel hospital, outpatient treatment or any claim which has been settled by you. Please submit the claim form, original itemised bills, receipts and other relevant claims documents to us for processing. For non-panel hospitals, you will be compensated on reimbursement basis.

The cashless benefit applies to hospital admissions only. Pre-hospitalization, consultations, diagnostic procedures and post-hospitalization costs are on reimbursement basis.

You cannot make multiple claims on medical expenses.

Daycare Procedure

Daycare Surgical Procedures are performed as an outpatient without confinement in hospital. No minimum hour of stay is required for eligibility for a claim. Daycare Surgical Procedures should include minor operations such as but not limited to: simple excision of pilonodal cyst, cataract removal, colonoscopy that is commonly performed safely on an Outpatient basis. Any Daycare Surgical Procedures done for investigative and diagnostic purposes not related to treatment for any specified disabilities is not covered.

Upgraded Room & Board Co-Payment

If you are hospitalized at a Room & Board category that is better and cost more than your eligible benefit, you need to bear 20% of the cost of all other eligible benefits described in the Table of Benefits.

Note: This list is non-exhaustive. Please refer to the policy contract for the terms and conditions under this policy.

8. What are the major exclusions under this policy?

Generally, the policy does not cover

- a) Pre-existing illness.
- b) Specified Illnesses occurring during the first one hundred and twenty (120) days of continuous cover.
- c) Any medical or physical conditions arising within the first thirty (30) days of the Insured Person's cover or date reinstatement whichever is latest except for accidental injuries.
- d) Plastic/Cosmetic Surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness and the use or acquisition of external prosthetic appliances or devices.
- e) Dental conditions including dental Treatment or oral Surgery except as necessitated by Accidental Injuries to sound natural teeth.
- f) Private nursing, illegal drugs, intoxication, sterilization, sexually transmitted diseases, 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, childbirth (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 a covered Disability or any Treatment which is not Medically Necessary and any preventive Treatments.
- j) Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
- k) War or any act of war, criminal or terrorist activities, active duty in any armed forces, direct participation in riot, strikes 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 an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant.
- n) Investigation and Treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy.
- o) Care or Treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity.
- q) Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
- r) Costs/expenses of services for a non-medical nature.
- s) Sickness or Injury arising from racing of any kind (except foot racing), and hazardous sports, winter sports, professional sports and illegal activities.
- t) Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- u) Expenses incurred for sex changes.

Note: This list is non-exhaustive. Please refer to the policy contract for the full list of exclusions under this policy.

9. What about geographical scope?

No benefits shall be payable if you reside or travel outside Malaysia for more than 90 consecutive days.

10. Can I opt for overseas treatment?

Yes. However, it is subject to the customary cost of treatment in Malaysia and subject to transportation costs being excluded.

11. What is Pre-Existing Conditions?

Pre-existing Conditions mean Disabilities that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

- (a) the Insured Person 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
- (d) its existence would have been apparent to a reasonable person in the circumstances.

12. What is Specified Illness?

Specified Illness means the following Disabilities and its related complications, occurring within the first one hundred and twenty (120) days of Insurance of the Insured Person:

- (a) Hypertension, diabetes mellitus and cardiovascular disease;
- (b) All tumours, 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 conditions.

13. Can I cancel my Policy?

You may cancel your policy at any time by giving a written notice to the Company. 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. Policyholder shall be entitled to a refund of premium as follows:-

<u>Period Not Exceeding</u>	<u>Refund of Annual Premium</u>
15 days (for renewal only)	90%
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%
Exceeding 11 months	No refund

14. What do I need to do if there are changes to my contact details?

It is important that you inform us of any change in your contact details to ensure that all correspondences reach you in a timely manner.

15. Where can I get further information?

Should you require additional information about our Medi Health Plus + Policy, you may contact us or your insurance agent. For additional information about medical and health insurance, please refer to the insuranceinfo booklet on 'Medical & Health Insurance', which is available at all our branches. You can also obtain a copy of the booklet from your insurance agent or visit www.muicna.com

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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 AGENT OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.