Insurance Product : Mutual MediCare

- Introduction
- Eligibility
- Features/Privilege
- Choice of Plans and Premium Rates
- Benefits
- Exclusions
- General Conditions
- How to Apply?
- How to Claim?
- Reimbursement on Medical Claims

INTRODUCTION

Underwritten by LONPAC INSURANCE BHD

Mutual MediCare is designed exclusively for unitholders of Public Mutual Berhad. The admission and claims are managed by the service provider Asia Assistance Network (Malaysia) Sdn Bhd.

ELIGIBILITY

Unitholders aged between 18 to 60 (age next birthday) are eligible to apply. This plan is renewable up to 70 years old.

FEATURES/PRIVILEGE

a. Full reimbursement for covered medical expenses up to the Overall Annual Limit and Lifetime Limit
b. No discriminatory premium rates on gender
c. No requirement of re-declaration of Health Status at renewal
d. Convenient Hospital Admission and Discharge
e. Twenty-four (24) hours a day worldwide coverage
f. Family Discount of 10% to a family policy covering with three (3) or more members insured under a single policy during its inception or renewal
g. Conditional Renewable at the option of the Insured
h. Income Tax Relief
i. 24 hours Helpline Center

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CHOICE OF PLANS AND PREMIUM RATES

	Platinum	**Gold**	**Silver**
Limit Per Disability	62,500	40,000	25,000
Overall Annual Limit	125,000	80,000	50,000
Lifetime Limit	375,000	240,000	150,000
Age Band *(Age at next birthday)*	**Annual Premium (RM) – inclusive of 6% GST**		
30 days – 17 years	666.74	594.66	510.92
18 – 25 years	745.18	664.62	571.34
26 – 30 years	784.40	700.66	602.08
31 – 35 years	902.06	805.60	609.50
36 – 40 years	1,019.72	910.54	750.48
41 – 45 years	1,176.60	1,050.46	902.06
46 – 50 years	1,411.92	1,260.34	1,083.32
51 – 55 years	1,725.68	1,540.18	1,323.94
56 – 60 years	2,353.20	2,100.92	1,805.18
61 – 65 years (renewal only)	3,136.54	2,800.52	2,406.20
66 – 70 years (renewal only)	4,705.34	4,200.78	3,609.30

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BENEFITS

Schedule of Benefits

Benefit Type	Choice of Plan		
	Platinum	Gold	Silver
IN-PATIENT TREATMENT • *Hospital Room & Board (per day, up to 150 days)* Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary for room accommodation and meals. The insured Person will only be entitled to this benefit while confined to a Hospital as an bed-patient.	350	250	150
• *Intensive Care Unit (per day, up to 75 days)* Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary for actual room and board incurred during confinement as an in-patient in the Intensive Care Unit (ICU) of the Hospital. The benefit shall be payable equal to the actual charges made by the Hospital subject to the maximum benefit for any one day, and maximum number of days, as set forth in the Schedule of Benefits.	**As Charged Subject to the respective Limit Per Disability and Overall Annual Limit**		
• *Hospital Supplies & Services* Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, X-ray, laboratory examinations, electrocardiograms (ECG), physiotherapy, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma during confinement as an in-patient.			
• *Surgical Fees* Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary surgery performed and normal operative care up to 60 days before and after the operation.			
• *Anaesthetist Fees* Reimbursement of the Reasonable and Customary Charges incurred by the Anaesthetist for the Medically Necessary administration of anaesthesia.			
• *Operating Theatre* Reimbursement of the Reasonable and Customary incurred for the Medically Necessary usage of an operating theatre incidental to the surgical procedure.			

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Benefit Type	Choice of Plan		
	Platinum	Gold	Silver
• *In-Hospital Physician Visit (1 visit per day, up to 150 days)* Reimbursement of the Reasonable and Customary Charges incurred by the Physician for Medically Necessary visiting an in-paying patient while confined for a non-surgical disability subject to a maximum of 1 visit per day.			
• *Insured Child's Daily Guardian Benefit (per day, up to 30 days – for insured child below 15 years old)* Reimburses (up to stipulated limits set forth in the Schedule of Benefits) the expenses for meals and lodging incurred to accompany an insured Child (aged below 15 years) in the hospital.	150	110	60
• *Cash Allowance at Malaysian Government Hospital (per day, up to 150 days)* Pays a daily allowance for each full day of hospital confinement at a Malaysian Government Hospital, provided that the Insured Person is confined to a Room and Board rate that does not exceed the amount shown in the Schedule of Benefits.	100	70	50
• *Goods and Services Tax (GST)*	On all eligible paid expenses		
• *Organ Transplant* Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary transplantation surgery for the Insured Person being the recipient of the transplant of a liver, heart, lung, kidney or bone marrow. Payment is limited to once per lifetime. The costs of acquisition of the organs and all costs incurred by the donors are not covered.	**As Charged subject to 50% of the Respective Overall Annual Limit**		

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<table>
<tr><th rowspan="2">Benefit Type</th><th colspan="3">Choice of Plan</th></tr>
<tr><th>Platinum</th><th>Gold</th><th>Silver</th></tr>
<tr><td>OUTPATIENT TREATMENT

• Pre-Hospital Specialist's Consultation (within 60 days preceding hospital confinement)
Reimbursement of the Reasonable and Customary Charges incurred by the Specialist for the first time consultation, provided that such consultation is Medically Necessary and has been recommended by a general practitioner in writing within 60 days preceding hospital confinement. Payment will not be made for clinical treatment (including medications and subsequent consultation after the illness is diagnosed) or where the Insured Person does not result in hospital confinement for the treatment of the medical condition diagnosed.</td><td colspan="3" rowspan="3">As Charged
Subject to the respective Limit Per Disability and Overall Annual Limit</td></tr>
<tr><td>• Pre-Hospital Diagnostic tests (within 60 days preceding hospital confinement)
Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary diagnostic tests, which are recommended by a qualified medical practitioner within 60 days preceding hospital confinement. No payment will be made if upon such diagnostic, the Insured Person does not result in hospital confinement for the treatment of the medical condition diagnosed.</td></tr>
<tr><td>• Post-Hospitalization Treatment (within 60 days from discharge)
Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatment by the same Physician within 60 days following discharge from Hospital for a non-surgical confinement.</td></tr>
<tr><td>• Out-Patient Physiotherapy Treatment (within 90 days from discharge)
Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary outpatient physiotherapy treatment, which is recommended in writing by the attending Physician within 90 days after discharge from hospital.</td><td colspan="3">As Charged
Subject to the respective Limit Per Disability and Overall Annual Limit</td></tr>
</table>

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Benefit Type	Choice of Plan		
	Platinum	Gold	Silver
• *Daycare Surgery* Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary professional fees, including all incidental costs, services and supplies for a daycare surgery procedure performed as an outpatient without hospitalissation, inclusive of pre-daycare visits and post-daycare visits relating to the daycare surgery performed in the hospital.			
• *Home Nursing Care (per day, up to 60 days from discharge)* Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary services of a licensed and qualified nurse in the Insured Person's home for the continued treatment of the specific medical condition for which he/she was hospitalised. Such services must be recommended by the attending Physician.	150	125	75
• *Annual Outpatient Kidney Dialysis Treatment* Reimbursement of the Reasonable and Customary Charges incurred for Medical Necessary treatment of kidney dialysis at a legally registered centre due to end-stage renal failure following discharge from hospital.	36,000	24,000	16,000
• *Annual OutPatient Cancer Treatment* Reimbursement of the Reasonable and Customary Charges incurred for Medical Necessary treatment of cancer performed at the outpatient department of a hospital or a registered cancer treatment centre following discharge from hospital.	36,000	24,000	16,000
EMERGENCY SERVICES & TREATMENT • *Emergency Accidental Outpatient Treatment (within 24 hours from Accident, up to 31 days follow-up treatment)* Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary services and medical supplies provided by the hospital or clinic for emergency treatment of bodily injury as a result of a covered Accident and received as an outpatient within 24 hours of the Accident. Follow-up treatment is up to 31 days of the Accident administered by the same Physician.	**As Charged Subject to the respective Limit Per Disability and Overall Annual Limit**		

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Benefit Type	Choice of Plan		
	Platinum	Gold	Silver
• *Emergency Accidental Outpatient Dental Treatment (within 24 hours from Accident, up to 31 days follow-up treatment)* Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatment of accidental injuries to sound natural teeth within 24 hours of the Accident. Follow-up treatment is up to 31 days of the Accident administered by the same Dentist.	**As Charged Subject to the respective Limit Per Disability and Overall Annual Limit**		
• *Ambulance Fees* Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary domestic ambulance services (inclusive of attendant) for transporting the Insured Person to and from Hospital. Payment will not be made if the Insured Person is not hospitalized.			
• *Accidental Death Benefit* A lump sum amount is payable to the insured or legal representative of the insured for the Insured Person's death resulting from a covered Accident.	5,000	3,000	3,000
• *Transport Allowance for admission to Malaysian Government Hospital (per day, up to 45 days)* Pays a daily transport allowance to the Insured Person during the hospital confinement for a covered Disability at a Malaysian Government Hospital for family members, relatives and friends visiting the Insured Person.	50	40	30

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EXCLUSIONS

This contract does not cover any hospitalization, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

1. Pre-existing illness

Pre-existing illness shall 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 ciscumstances.

2. Specific Illnesses
   Specific Illnesses shall mean 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 diseases;
   b) All tumours, cancers, cysts, nodules, polys, stones of the urinary system and biliary systems;
   c) All ear, nose (including sinuses) and throat conditions;
   d) Hernias, Haemorrhoids, Fistulae; hydrocele, varicocele
   e) Endometriosis including disease of the Reproductive system
   f) Vertebro-spinal disorder (including disc) and knee conditions

3. 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.
4. Plastics/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 pacemaker and prescriptions thereof.
5. Dental condition including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occuring wholly during the Period of Insurance.
6. Private Nursing, rest cures or sanitaria 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 required quarantine by law.

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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 or birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
9. Hospitalization primarily for investigatory purposes, diagnosis, x-ray examination, general physical or medical examination, 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.
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 an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
14. Investigation and treatment of sleep and snoring disorders, and 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 insured 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 disorders (including any neuroses and their physiological or psychosomatic manifestations)
17. Costs / expenses of services of a non-medical nature, such as telephone, television, telex services, radio, or similar facilities, admission kit/pack and other ineligible non-medical items.
18. 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.
19. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
20. Expenses incurred for sex changes.
21. Terrorism.

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GENERAL CONDITIONS

1) Misrepresentation/Fraud

If the proposal or declaration of the Insured Person is untrue in any respect or if any material fact affecting the risk be incorrectly stated herein or omitted therefrom, or if this insurance, or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression, or if any claim made shall be fraudulent or exaggerated or if any false declaration or statement shall be made in support thereof, then in any of these cases, this Policy shall be void.

2) Renewal

It shall not be incumbent on the Company to give notice that any premium for renewal is due and such premium shall be deemed to be due on the date on which Policy expired and must be paid within fourteen (14) days thereafter. However, during such fourteen (14) days the Company shall remain liable thereunder if by the last of such days the premium is actually paid unless the Company or the Policyholder/Insured Person shall have given notice that the Insurance would not be renewed.

3) Change in Risk

The Insured Person shall give immediate notice in writing to the Company of any change in his or her occupation, business, duties or pursuits and pay any additional premium that may be required by the Company.

4) Upgraded Policies

If the Eligible Benefits to any Insured under the terms of this Policy be increased while it is in force or at the time of Renewal or replacement and if such Insured shall have been afflicted with a Disability prior or at the time the Benefits were increased, the Limits of Benefits payable in respect of such Disability shall not exceed the Limit of Benefits prior to the date the Benefits were upgraded.

5) Upgraded Room and Board Co-Payment

If the Insured Person is hospitalised at a published Room & Board rate which is higher than his/her eligible benefit, the Insured Person shall bear 20% of the other eligible benefits described in the Schedule of Benefits.

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6) Cooling-off Period

Insured may cancel the policy by returning the policy contract to us within fifteen (15) days from the date of delivery of the policy. The premium that you have paid (less any medical expenses incurred in the issuance of the policy) will be refunded to you. Renewal of the policy has no cooling-off period.

7) Overseas Treatment

If the Insured Person seeks treatment overseas, benefits in respect of the treatment shall be covered subject to the exclusions, limitations and conditions specified in this 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:

a) An Insured Person 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.
b) An Insured Person 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 is diagnosed in Malaysia and non-emergency or chronic conditions where treatment can reasonably be postponed until return to Malaysia are excluded.

8) Alterations

The Company reserves the right to amend the terms and provisions of this Policy by giving a thirty (30) days prior notice in writing by ordinary post to the Owner's last known address in the Company's records, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless authorised by the Company and such approval is endorsed thereon. The insurer should give thirty (30) days prior written notice to the policyholder according to the last recorded address for any alterations made.

9) Qualifying or Waiting Period

The eligibility for benefits under the policy will only start thirty (30) days after the effective date of the policy. Unless renewed, the coverage will cease on expiry date and Lonpac Insurance Bhd shall strictly not be liable for any expenses that take place after the expiry date.

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10) Residence Overseas

No benefits shall be payable for medical treatment received outside Malaysia, if you reside or travel outside Malaysia for more than ninety (90) consecutive days.

How To Apply?

1. You may contact your servicing UTC or any one of our branches for a copy of the proposal form. Send the duly completed proposal form and premium payment to Insurance Section of Public Mutual Bhd. There are two (2) options of payment mode. Please indicate your choice of payment mode by completing the Payment Authorization portion at the last page of the proposal form;

   a) By cheque/postal order/money order - made payable to LONPAC INSURANCE BHD. Please do not bank in the cheque. OR
   b) By credit card - Please indicate Type of Card, Card Account no. and the Card Expiry Date

2. Upon approval

   a) LONPAC will bank in the premium or obtain the approval from Credit Card Company.
   b) A Certificate of insurance, medical card and Policy Information Statement will be issued to the insured by LONPAC.

How to Claim?

ADMISSION TO PANEL HOSPITAL

1. Insured goes to the panel hospital for admission
2. Insured presents the medical card, original NRIC and Referral letter (if any) to Hospital (panel hospitals only)
3. Hospital staff verifies the card , request insured to complete the Hospital Admission Form (HAF) and contact Asia Assistance Network (Malaysia) Sdn Bhd (AAN)
4. AAN verify the membership, check treatment procedures against the policy terms & conditions and provide admission guarantee up to RM2500, if the condition is covered.
5. Upon discharge, Hospital to fax bill to AAN for calculation, AAN will issue Letter of Excess, if any, Hospital arrange to collect the excess.
6. If the condition is not covered a letter repudiating the claim, insured to elect to stay or transfer.
7. Upon discharge insured to arrange full payment to Hospital.

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REIMBURSEMENT ON MEDICAL CLAIMS

1. For admission to non-panel hospitals, insured to notify LONPAC by phone/fax/letter/e-mail.
2. LONPAC to send claim form & request documents from insured.
3. Claim form and documents received by LONPAC and will be forwarded to AAN for verification.
4. Process claims by LONPAC and issuance of cheque.

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