

**PRODUCT DISCLOSURE SHEET (PDS)**

(Read this Product Disclosure Sheet before you decide to take out this Product. Be sure to also read the general terms and conditions of this Policy)

RHB Insurance Berhad

**MediSure Supreme**

Date :

**1. What is this product?**

MediSure Supreme provides for hospitalisation and surgical expenses incurred due to accidents or illnesses covered under the policy. This is a yearly renewable policy. If there is no claim incurred in the first year of policy inception, the company will not impose any exclusion upon the Insured Person on the subsequent renewal in the later years. If there are claims incurred within the first year of policy inception, the Insured Person would still qualify for the renewal, subject to exclusions or premium increase.

The policy shall cover eligible person between the age of 30 days to 70 years, renewable up 100 years. Your policy may cover your spouse and dependent children subject to the following:

- i. A legally married spouse age below 70 years old at the time of first inclusion. Once included, the spouse may continue to be included up to age 100 years.
- ii. Unmarried children between 30 days and 19 years old. For dependent children who are fulltime students of institutions of higher education, the age limit is 23 years old.

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

**Table of Benefit:**

| No  | INDIVIDUAL POLICY   | Plan 1 (RM)  | Plan 2 (RM) | Plan 3 (RM) | Plan 4 (RM) | Plan 5 (RM) |  |  |  |  |  |
|---|---|--|-------------|-------------|-------------|-------------|--|--|--|--|--|
| 1.  | <b>Overall Annual Limit</b>   | 100,000  | 300,000     | 500,000     | 700,000     | 1,000,000   |  |  |  |  |  |
| 2.  | <b>Overall Lifetime Limit</b>   | 1,000,000  | 3,000,000   | 5,000,000   | Unlimited   | Unlimited   |  |  |  |  |  |
| <b>(MAXIMUM PER DISABILITY)</b>             |   |  |             |             |             |             |  |  |  |  |  |
| <b><u>HOSPITAL BENEFITS</u></b>             |   |  |             |             |             |             |  |  |  |  |  |
| 3.  | <b>Hospital Room &amp; Board (Up to 200 days)</b>   | 150  | 250         | 350         | 450         | 550         |  |  |  |  |  |
| 4.  | <b>Intensive Care Unit (Up to 200 days)</b>   | As Charged (Subject to Reasonable and Customary Charges) |             |             |             |             |  |  |  |  |  |
| 5.  | <b>Hospital Supplies &amp; Services</b>   |  |             |             |             |             |  |  |  |  |  |
| 6.  | <b>Operating Theatre</b>  |  |             |             |             |             |  |  |  |  |  |
| <b><u>SURGICAL AND MEDICAL BENEFITS</u></b> |   |  |             |             |             |             |  |  |  |  |  |
| 7.  | <b>Pre-Hospital Diagnostic Test</b><br>(Within 60 days prior to admission)<br>Medicines/ Drugs are payable          | As Charged (Subject to Reasonable and Customary Charges) |             |             |             |             |  |  |  |  |  |
| 8.  | <b>Pre-Hospital Specialist Consultation</b><br>(Within 60 days prior to admission)<br>Medicines/ Drugs are payable  |  |             |             |             |             |  |  |  |  |  |
| 9.  | <b>Second Surgical Opinion</b><br>(Within 60 days prior to admission)<br>Medicines/ Drugs are payable               |  |             |             |             |             |  |  |  |  |  |
| 10.   | <b>Surgical Fees</b>  |  |             |             |             |             |  |  |  |  |  |
| 11.   | <b>Anesthetist's Fees</b>   |  |             |             |             |             |  |  |  |  |  |
| 12.   | <b>In-Hospital Physician Visit (Max. 200 days)</b><br>(Allows two visits a day)                                     |  |             |             |             |             |  |  |  |  |  |
| 13.   | <b>Post-Hospitalization Treatment</b><br>(Within 60 days from discharge)  |  |             |             |             |             |  |  |  |  |  |
| 14.   | <b>Organ Transplant - Heart, Kidney, Lung, Liver or Bone Marrow</b><br>Transplantation<br>(Once Per Lifetime Limit) |  |             |             |             |             |  |  |  |  |  |
| <b><u>OUT-PATIENT BENEFITS</u></b>          |   |  |             |             |             |             |  |  |  |  |  |
| 15.   | <b>Emergency Accidental Out-Patient Treatment</b><br>(Within 24 hours and follow-up treatment to a max. of 60 days) |  |             |             |             |             | As Charged (Subject to Reasonable and Customary Charges) |  |  |  |  |
| 16.   | <b>Out-Patient Physiotherapy Treatment</b><br>(Within 90 days from the discharge date / surgery)                    |  |             |             |             |             |  |  |  |  |  |
| 17.   | <b>Annual Out-Patient Kidney Dialysis Treatment</b>   |  |             |             |             |             |  |  |  |  |  |
| 18.   | <b>Annual Out-Patient Cancer Treatment</b>  |  |             |             |             |             |  |  |  |  |  |

| <b>OTHER BENEFITS</b> |  |  |       |       |        |        |
|-----------------------|--|--|-------|-------|--------|--------|
| 19.                   | <b>Prostheses* / Wheelchair Benefit</b><br>* Wheelchair, artificial arm/leg and crutches | 500  | 1,000 | 1,500 | 2,000  | 2,500  |
| 20.                   | <b>Home Nursing Care</b>   | 1,000  | 3,000 | 5,000 | 10,000 | 20,000 |
| 21.                   | <b>Daily Cash Allowance at Government Hospital</b> (Max. 200 days)                       | 50   | 80    | 110   | 130    | 150    |
| 22.                   | <b>Insured Child's Daily Guardian Benefit</b> (Max. 200 days)                            | 90   | 110   | 150   | 180    | 200    |
| 23.                   | <b>Ambulance Fees</b>  | As Charged (Subject to Reasonable and Customary Charges) |       |       |        |        |
| 24.                   | <b>Medical Report Fees</b>   |  |       |       |        |        |
| 25.                   | <b>Blood &amp; Plasma</b>  |  |       |       |        |        |
| 26.                   | <b>ID Band &amp; Registration Fees</b>   |  |       |       |        |        |

Duration of cover is one (1) year. You need to renew your insurance cover annually.

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

**Annual Premium for Non-Cashless Plan** – Pay upfront and seek reimbursement from RHB Insurance.

| <b>AGE BAND<br/>(Age next birthday)</b> | <b>Plan 1<br/>(RM)</b> | <b>Plan 2<br/>(RM)</b> | <b>Plan 3<br/>(RM)</b> | <b>Plan 4<br/>(RM)</b> | <b>Plan 5<br/>(RM)</b> |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|
| 30 days-17 years                        | 670.75                 | 800.00                 | 920.75                 | 1,055.66               | 1,176.42               |
| 18-35 years                             | 427.36                 | 508.49                 | 583.02                 | 667.92                 | 743.40                 |
| 36-45 years                             | 545.28                 | 650.00                 | 747.17                 | 855.66                 | 953.77                 |
| 46-55 years                             | 562.26                 | 669.81                 | 769.81                 | 882.08                 | 983.02                 |
| 56-60 years                             | 913.21                 | 1,091.51               | 1,256.60               | 1,442.45               | 1,608.49               |
| 61-65 years                             | 1,584.91               | 1,897.17               | 2,186.79               | 2,513.21               | 2,805.66               |
| 66-70 years                             | 2,056.60               | 2,464.15               | 2,841.51               | 3,266.98               | 3,647.17               |
| 71-75 years (Renewal Only)              | 2,583.02               | 3,096.23               | 3,571.70               | 4,106.60               | 4,585.85               |
| 76-80 years (Renewal Only)              | 3,894.34               | 4,668.87               | 5,387.74               | 6,198.11               | 6,921.70               |
| 81-85 years (Renewal Only)              | 5,481.13               | 6,573.58               | 7,587.74               | 8,729.25               | 9,750.00               |
| 86-90 years (Renewal Only)              | 7,717.92               | 9,259.43               | 10,689.62              | 12,299.06              | 13,737.74              |
| 91-95 years (Renewal Only)              | 10,873.58              | 13,046.23              | 15,062.26              | 17,333.02              | 19,361.32              |
| 96-100 years (Renewal Only)             | 15,322.64              | 18,385.85              | 21,229.25              | 24,430.19              | 27,290.57              |

**Annual Premium for Cashless Plan** – Medical card to facilitate admission to panel hospitals without the need to pay upfront.

| <b>AGE BAND<br/>(Age next birthday)</b> | <b>Plan 1<br/>(RM)</b> | <b>Plan 2<br/>(RM)</b> | <b>Plan 3<br/>(RM)</b> | <b>Plan 4<br/>(RM)</b> | <b>Plan 5<br/>(RM)</b> |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|
| 30 days-17 years                        | 833.96                 | 996.23                 | 1,146.23               | 1,315.09               | 1,466.04               |
| 18-35 years                             | 530.19                 | 631.13                 | 724.53                 | 830.19                 | 924.53                 |
| 36-45 years                             | 678.30                 | 808.49                 | 929.25                 | 1,066.04               | 1,187.74               |
| 46-55 years                             | 698.11                 | 833.02                 | 958.49                 | 1,099.06               | 1,224.53               |
| 56-60 years                             | 1,137.74               | 1,360.38               | 1,566.04               | 1,799.06               | 2,006.60               |
| 61-65 years                             | 1,976.42               | 2,366.98               | 2,729.25               | 3,137.74               | 3,502.83               |
| 66-70 years                             | 2,566.98               | 3,075.47               | 3,548.11               | 4,080.19               | 4,554.72               |
| 71-75 years (Renewal Only)              | 3,224.53               | 3,866.04               | 4,460.38               | 5,129.25               | 5,727.36               |
| 76-80 years (Renewal Only)              | 4,863.21               | 5,832.08               | 6,731.13               | 7,743.40               | 8,647.17               |
| 81-85 years (Renewal Only)              | 6,846.23               | 8,212.26               | 9,480.19               | 10,907.55              | 12,183.02              |
| 86-90 years (Renewal Only)              | 9,643.40               | 11,569.81              | 13,357.55              | 15,369.81              | 17,167.92              |
| 91-95 years (Renewal Only)              | 13,587.74              | 16,303.77              | 18,824.53              | 21,661.32              | 24,197.17              |
| 96-100 years (Renewal Only)             | 19,148.11              | 22,978.30              | 26,533.02              | 30,533.96              | 34,108.49              |

Please take note that RM10 of stamp duty shall be charged.

## Deductible Programme

| Option  | Discount on Annual Premium |
|---|----------------------------|
| <b>Option 1</b> - Policy only pays in excess of RM5,000 on eligible expenses per disability   | 25.0%                      |
| <b>Option 2</b> – Policy only pays in excess of RM10,000 on eligible expenses per disability  | 35.0%                      |
| <b>Option 3</b> – Policy only pays in excess of RM20,000 on eligible expenses per disability  | 50.0%                      |
| <b>Option 4</b> – Policy only pays in excess of RM30,000 on eligible expenses per disability  | 55.0%                      |
| <b>Option 5</b> – Policy only pays in excess of RM50,000 on eligible expenses per disability  | 62.5%                      |
| <b>Option 6</b> – Policy only pays in excess of RM100,000 on eligible expenses per disability | 75.0%                      |

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

| Type          | Amount  |
|---------------|---|
| a. Commission | 15% of premium will be paid to the Agent / RHB Bank<br>RM10 |
| b. Stamp Duty |   |

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

- a) **Importance of Disclosure (Statement Pursuant to Schedule 9 of the Financial Services Act 2013)**  
Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for yourself/family/dependents, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately. Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.  
The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us. In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied. You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.
- b) **Cash Before Cover**  
It is hereby declared and agreed that it is a fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by the insurance company before cover commences.
- c) **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 company for cancellation provided such request for cancellation is delivered by the insured person to the company within 15 days from the date of the policy delivery. The Insured Person is entitled to the return of the full premium paid less deduction of medical expenses incurred by the company in the issued of this policy.
- d) **Waiting Period**  
The eligibility for benefits under the policy will only start 30 days after the Effective Date of the Policy.
- e) **Claims Procedure**  
In the event of cashless admission, kindly contact Asia Assistance at 03–7628 3777 or 03–7841 5777. In the event of claims, kindly contact RHB Insurance.
- f) **Importance of Keeping the Official Receipt Claims Procedure**  
After the premium has been paid, please make sure you have been given an Official Receipt as a proof of payment. You are strongly advised to keep the Official Receipt for any future references.
- g) **What is Deductible Program?**  
This option allows you to pay a fraction of the entire annual premium but you need to settle the first RM5,000, RM10,000, RM20,000, RM30,000, RM50,000 or RM100,000 (as per your choice) of eligible expenses on your medical bills. This benefit is especially good if you already have a Hospitalisation and Surgical Insurance policy.
- h) **Policy Issuance**  
The Policy Schedule will be delivered to you within 30 working days from the date of your application approved.
- i) Unless renewed, the coverage will cease on expiry date and the company shall strictly not be liable for any expenses that take place after the expiry date.

### 6. What are the major exclusions under this policy?

- Some major coverage exclusions are:**
- a) 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:-
- the Insured Person had received or is receiving treatment;

- ii. medical advice, diagnosis, care or treatment has been recommended;
  - iii. clear and distinct symptoms are or were evident; or
  - iv. its existence would have been apparent to a reasonable person in the circumstances
- b) Specified Illnesses occurring during the first 120 days of continuous cover. The Specified Illnesses are :  
Hypertension, Diabetes mellitus, Cardiovascular disease, Tumours, Cancers, Cysts, Nodules, Polyps, Stones of in the urinary and biliary system, Ear, Nose (including sinuses) and Throat conditions, Hernias, Haemorrhoids, Fistulae, Hydrocele, Varicocele, Endometriosis including disease of the Reproduction system, Vertebro-spinal disorders (including disc) and Knee conditions.
- c) 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.
- d) 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.
- e) 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.
- f) 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 (Human Immunodeficiency Virus) related diseases except the infection of HIV arose as a result of blood transfusion, and any communicable diseases requiring quarantine by law.
- 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 Sterilization.
- i) Hospitalization 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.
- 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 an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
- 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 aromatherapy 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 Disabilities 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) 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.
- r) 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.
- s) Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- t) Expenses incurred for sex changes.

*Note: This is non-exhaustive. Please refer to policy documents for full details.*

#### **7. Can I cancel my policy?**

You may cancel your policy by giving a written notice to the insurance company. Upon cancellation, you are entitled to a partial refund of the premium provided that you have not made a claim on the policy.

#### **8. What do I need to do if there are changes to my contact details?**

It is important that you inform us of any changes in your contact details to ensure all correspondence reaches you in a timely manner.

#### **9. Where can I get further information?**

Should you require additional information about Medical and Health Insurance, please refer to the *insuranceinfo* booklet on 'Medical and Health Insurance', available at all our branches or visit [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my)

If you have any enquiries, please contact us at:

**RHB INSURANCE BERHAD** (38000-U) is registered under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

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Website : [www.rhbgroup.com/insurance](http://www.rhbgroup.com/insurance)

#### **10. Other types Medical and Health Insurance cover available**

Please ask your insurer/intermediary for other types of plans offered by the insurer.

#### **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 INTERMEDIARY OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.**

*The information provided in this disclosure sheet is valid as at 01/09/2018*

**LAMPIRAN PENERANGAN PRODUK (PDS)**

(Sila baca Lampiran Penerangan Produk ini sebelum anda membuat keputusan membeli produk ini, Pastikan anda juga membaca terma terma dan syarat-syarat Polisi ini)

**RHB Insurance Berhad**
**MediSure Supreme**
**Tarikh :**
**1. Apakah produk ini?**

MediSure Supreme melindungi bayaran penghospitalan dan pembedahan yang ditanggung akibat kemalangan dan penyakit yang dilindungi oleh polisi. Ini adalah polisi yang diperbaharui setiap tahun. Jika tiada tuntutan yang telah dibuat dalam tahun pertama polisi, syarikat tidak akan mengenakan sebarang pengecualian ke atas Pihak Diinsuranskan untuk pembaharuan yang berikut pada tahun-tahun kemudian. Jika terdapat tuntutan yang dibuat dalam tahun pertama polisi ini, Pihak Diinsuranskan masih layak untuk pembaharuan, tertakluk kepada pengecualian atau penambahan premium.

Polisi ini akan melindungi orang yang layak di antara umur 30 hari sehingga 70 tahun, diperbaharui sehingga umur 100 tahun. Polisi ini melindungi pasangan dan anak-anak di bawah tanggungan anda tertakluk kepada yang berikut :

- Pasangan daripada perkahwinan yang sah berumur di bawah 70 tahun apabila pertama kali dimasukkan. Apabila dimasukkan, pasangan anda boleh terus dilindungi sehingga usia 100 tahun.
- Anak-anak yang belum berkahwin antara usia 30 hari dan 19 tahun. Had usia bagi anak-anak di bawah tanggungan yang merupakan pelajar sepenuh masa institusi pengajian tinggi adalah 23 tahun.

**2. Apakah perlindungan yang diberi / manfaat yang disediakan?**
**Jadual Manfaat :**

| No   | Manfaat-Manfaat  | Pelan 1 (RM)   | Pelan 2 (RM) | Pelan 3 (RM) | Pelan 4 (RM) | Pelan 5 (RM) |  |  |  |  |  |
|--|--|--|--------------|--------------|--------------|--------------|--|--|--|--|--|
| 1.   | <b>Had Tahunan Keseluruhan</b>   | 100,000  | 300,000      | 500,000      | 700,000      | 1,000,000    |  |  |  |  |  |
| 2.   | <b>Had Seumur Hidup Keseluruhan</b>  | 1,000,000  | 3,000,000    | 5,000,000    | Tidak terhad | Tidak terhad |  |  |  |  |  |
| <b>(MAKSIMUM BAGI SETIAP KETIDAKUPAYAAN)</b> |  |  |              |              |              |              |  |  |  |  |  |
| <b>MANFAAT HOSPITAL</b>                      |  |  |              |              |              |              |  |  |  |  |  |
| 3.   | <b>Bilik Hospital &amp; Makanan</b> (Maksima 200 hari)   | 150  | 250          | 350          | 450          | 550          |  |  |  |  |  |
| 4.   | <b>Unit Rawatan Rapi</b> (Maksima 200 hari)  | Seperti Yang Dikenakan (Tertakluk Kepada Bayaran yang Munasabah dan Biasa Diamalkan) |              |              |              |              |  |  |  |  |  |
| 5.   | <b>Bekalan &amp; Khidmat Hospital</b>  |  |              |              |              |              |  |  |  |  |  |
| 6.   | <b>Bayaran Bilik Bedah</b>   |  |              |              |              |              |  |  |  |  |  |
| <b>MANFAAT PEMBEDAHAN &amp; PERUBATAN</b>    |  |  |              |              |              |              |  |  |  |  |  |
| 7.   | <b>Ujian Diagnostik Pra-Hospital</b><br>(Dalam tempoh 60 hari sebelum kemasukan hospital)<br>Ubat/ Dadah akan dibayar          | Seperti Yang Dikenakan (Tertakluk Kepada Bayaran yang Munasabah dan Biasa Diamalkan) |              |              |              |              |  |  |  |  |  |
| 8.   | <b>Rundingan Pakar Pra- Hospital</b><br>(Dalam tempoh 60 hari sebelum kemasukan hospital)<br>Ubat/ Dadah akan dibayar          |  |              |              |              |              |  |  |  |  |  |
| 9.   | <b>Pendapat Kedua Pembedahan</b><br>(Dalam tempoh 60 hari sebelum kemasukan hospital)<br>Ubat/ Dadah akan dibayar              |  |              |              |              |              |  |  |  |  |  |
| 10.  | <b>Yuran Pembedahan</b>  |  |              |              |              |              |  |  |  |  |  |
| 11.  | <b>Bayaran Pakar Bius</b>  |  |              |              |              |              |  |  |  |  |  |
| 12.  | <b>Rawatan Pakar Perubatan Dalam Hospital</b> (Maks. harian sehingga 200 hari)<br>(Terhad untuk dua lawatan sehari)            |  |              |              |              |              |  |  |  |  |  |
| 13.  | <b>Rawatan Selepas Penghospitalan</b><br>(Dalam tempoh 60 hari selepas tarikh keluar hospital)                                 |  |              |              |              |              |  |  |  |  |  |
| 14.  | <b>Pemindahan Organ</b> - Jantung, Buah Pinggang, Paru Paru, Hati atau Tulang Sum-sum<br>(Sekali setiap Had Seumur Hidup)      |  |              |              |              |              |  |  |  |  |  |
| <b>MANFAAT PESAKIT LUAR</b>                  |  |  |              |              |              |              |  |  |  |  |  |
| 15.  | <b>Rawatan Kecemasan Pesakit Luar bagi Kemalangan</b><br>(Dalam jangka masa 24 jam dan rawatan susulan sehingga maks. 60 hari) |  |              |              |              |              | Seperti Yang Dikenakan (Tertakluk Kepada Bayaran yang Munasabah dan Biasa Diamalkan) |  |  |  |  |
| 16.  | <b>Rawatan Fisioterapi Pesakit Luar</b><br>(Dalam masa 90 hari dari tarikh keluar hospital / pembedahan)                       |  |              |              |              |              |  |  |  |  |  |
| 17.  | <b>Rawatan Dialisis Buah Pinggang Pesakit Luar Tahunan</b>   |  |              |              |              |              |  |  |  |  |  |
| 18.  | <b>Rawatan Kanser Pesakit Luar Tahunan</b>   |  |              |              |              |              |  |  |  |  |  |

| <b>MANFAAT LAIN</b> |   |  |       |       |        |        |
|---------------------|---|--|-------|-------|--------|--------|
| 19.                 | <b>Manfaat Protesis* /Kerusi Roda</b><br>* Kerusi Roda, lengan/kaki tiruan dan topang | 500  | 1,000 | 1,500 | 2,000  | 2,500  |
| 20.                 | <b>Manfaat Penjagaan Kejururawatan Rumah</b>  | 1,000  | 3,000 | 5,000 | 10,000 | 20,000 |
| 21.                 | <b>Elaun Tunai Harian di Hospital Kerajaan</b> (Maks. 200 hari)                       | 50   | 80    | 110   | 130    | 150    |
| 22.                 | <b>Manfaat Penjaga Harian Bagi Kanak-kanak Yang Diinsuranskan</b> (Maks. 200 hari)    | 90   | 110   | 150   | 180    | 200    |
| 23.                 | <b>Yuran Ambulans</b>   | Seperti Yang Dikenakan (Tertakluk Kepada Bayaran yang Munasabah dan Biasa Diamalkan) |       |       |        |        |
| 24.                 | <b>Yuran Laporan Perubatan</b>  |  |       |       |        |        |
| 25.                 | <b>Darah &amp; Plasma</b>   |  |       |       |        |        |
| 26.                 | <b>Yuran Pendaftaran &amp; ID Band</b>  |  |       |       |        |        |

Tempoh perlindungan adalah satu (1) tahun. Anda hendaklah memperbaharui perlindungan insurans anda setiap tahun.

### 3. Berapakah jumlah premium yang perlu dibayar?

**Premium Tahunan Bagi Pelan Kemasukan Tunai** – Membayar pendahuluan dan menuntut pembayaran balik daripada RHB Insurance

| <b>LINKUNGAN UMUR<br/>(Ulang tahun umur berikutnya)</b> | <b>Pelan 1<br/>(RM)</b> | <b>Pelan 2<br/>(RM)</b> | <b>Pelan 3<br/>(RM)</b> | <b>Pelan 4<br/>(RM)</b> | <b>Pelan 5<br/>(RM)</b> |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 30 hari-17 tahun  | 670.75                  | 800.00                  | 920.75                  | 1,055.66                | 1,176.42                |
| 18-35 tahun   | 427.36                  | 508.49                  | 583.02                  | 667.92                  | 743.40                  |
| 36-45 tahun   | 545.28                  | 650.00                  | 747.17                  | 855.66                  | 953.77                  |
| 46-55 tahun   | 562.26                  | 669.81                  | 769.81                  | 882.08                  | 983.02                  |
| 56-60 tahun   | 913.21                  | 1,091.51                | 1,256.60                | 1,442.45                | 1,608.49                |
| 61-65 tahun   | 1,584.91                | 1,897.17                | 2,186.79                | 2,513.21                | 2,805.66                |
| 66-70 tahun   | 2,056.60                | 2,464.15                | 2,841.51                | 3,266.98                | 3,647.17                |
| 71-75 tahun (Pembaharuan Sahaja)                        | 2,583.02                | 3,096.23                | 3,571.70                | 4,106.60                | 4,585.85                |
| 76-80 tahun (Pembaharuan Sahaja)                        | 3,894.34                | 4,668.87                | 5,387.74                | 6,198.11                | 6,921.70                |
| 81-85 tahun (Pembaharuan Sahaja)                        | 5,481.13                | 6,573.58                | 7,587.74                | 8,729.25                | 9,750.00                |
| 86-90 tahun (Pembaharuan Sahaja)                        | 7,717.92                | 9,259.43                | 10,689.62               | 12,299.06               | 13,737.74               |
| 91-95 tahun (Pembaharuan Sahaja)                        | 10,873.58               | 13,046.23               | 15,062.26               | 17,333.02               | 19,361.32               |
| 96-100 tahun (Pembaharuan Sahaja)                       | 15,322.64               | 18,385.85               | 21,229.25               | 24,430.19               | 27,290.57               |

**Premium Tahunan Bagi Pelan Kemasukan Tanpa Tunai** – Kad perubatan untuk memudahkan kemasukan ke hospital panel tanpa perlu membayar pendahuluan

| <b>LINKUNGAN UMUR<br/>(Ulang tahun umur berikutnya)</b> | <b>Pelan 1<br/>(RM)</b> | <b>Pelan 2<br/>(RM)</b> | <b>Pelan 3<br/>(RM)</b> | <b>Pelan 4<br/>(RM)</b> | <b>Pelan 5<br/>(RM)</b> |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 30 hari-17 tahun  | 833.96                  | 996.23                  | 1,146.23                | 1,315.09                | 1,466.04                |
| 18-35 tahun   | 530.19                  | 631.13                  | 724.53                  | 830.19                  | 924.53                  |
| 36-45 tahun   | 678.30                  | 808.49                  | 929.25                  | 1,066.04                | 1,187.74                |
| 46-55 tahun   | 698.11                  | 833.02                  | 958.49                  | 1,099.06                | 1,224.53                |
| 56-60 tahun   | 1,137.74                | 1,360.38                | 1,566.04                | 1,799.06                | 2,006.60                |
| 61-65 tahun   | 1,976.42                | 2,366.98                | 2,729.25                | 3,137.74                | 3,502.83                |
| 66-70 tahun   | 2,566.98                | 3,075.47                | 3,548.11                | 4,080.19                | 4,554.72                |
| 71-75 tahun (Pembaharuan Sahaja)                        | 3,224.53                | 3,866.04                | 4,460.38                | 5,129.25                | 5,727.36                |
| 76-80 tahun (Pembaharuan Sahaja)                        | 4,863.21                | 5,832.08                | 6,731.13                | 7,743.40                | 8,647.17                |
| 81-85 tahun (Pembaharuan Sahaja)                        | 6,846.23                | 8,212.26                | 9,480.19                | 10,907.55               | 12,183.02               |
| 86-90 tahun (Pembaharuan Sahaja)                        | 9,643.40                | 11,569.81               | 13,357.55               | 15,369.81               | 17,167.92               |
| 91-95 tahun (Pembaharuan Sahaja)                        | 13,587.74               | 16,303.77               | 18,824.53               | 21,661.32               | 24,197.17               |
| 96-100 tahun (Pembaharuan Sahaja)                       | 19,148.11               | 22,978.30               | 26,533.02               | 30,533.96               | 34,108.49               |

*Sila ambil perhatian bahawa duti setem sebanyak RM10 akan dikenakan.*

**Program Deduktibel**

| Pilihan   | Diskaun ke atas Premium Tahunan |
|---|---------------------------------|
| <b>Option 1</b> - Polisi akan membayar lebih RM5,000 untuk perbelanjaan yang layak bagi setiap hilang upaya   | 25.0%                           |
| <b>Option 2</b> – Polisi akan membayar lebih RM10,000 untuk perbelanjaan yang layak bagi setiap hilang upaya  | 35.0%                           |
| <b>Option 3</b> – Polisi akan membayar lebih RM20,000 untuk perbelanjaan yang layak bagi setiap hilang upaya  | 50.0%                           |
| <b>Option 4</b> – Polisi akan membayar lebih RM30,000 untuk perbelanjaan yang layak bagi setiap hilang upaya  | 55.0%                           |
| <b>Option 5</b> – Polisi akan membayar lebih RM50,000 untuk perbelanjaan yang layak bagi setiap hilang upaya  | 62.5%                           |
| <b>Option 6</b> – Polisi akan membayar lebih RM100,000 untuk perbelanjaan yang layak bagi setiap hilang upaya | 75.0%                           |

**4. Apakah bentuk bayaran yang dikenakan dan yang perlu dibayar?**

| Jenis         | Jumlah  |
|---------------|---|
| a. Komisen    | 15% daripada premium akan dibayar kepada Ejen / RHB Bank RM10 |
| b. Duti Setem |   |

**5. Apakah terma-terma penting dan syarat-syarat yang Saya perlu tahu?****a) Keputusan Pendedahan Maklumat (Menurut Kenyataan Jadual 9 Akta Perkhidmatan Kewangan 2013)**

Menurut Perenggan 5 daripada Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini sepenuhnya untuk diri sendiri/keluarga/tanggungannya, anda mempunyai kewajiban untuk mengambil langkah yang munasabah untuk tidak salah nyata dalam menjawab soalan-soalan dalam Borang Cadangan (atau semasa memohon insurans ini). Anda dikehendaki menjawab soalan-soalan tersebut dengan lengkap dan tepat.

Kegagalan untuk mengambil langkah yang munasabah dalam menjawab soalan-soalan, mungkin mengakibatkan pembatalan kontrak insurans anda, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan diatas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Sebagai tambahan kepada soalan-soalan di dalam Borang Cadangan (atau semasa memohon insurans ini), anda dikehendaki untuk mendedahkan apa-apa perkara lain yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan.

Anda juga mempunyai kewajiban untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami (atau semasa permohonan insurans ini), apa-apa maklumat yang dinyatakan dalam Borang Cadangan tidak tepat atau sudah berubah.

**b) Tunai Sebelum Perlindungan**

Dengan ini diisytiharkan dan dipersetujui bahawa adalah menjadi asas dan syarat khas mutlak bagi kontrak insurans ini bahawa premium yang perlu bayar mesti dibayar dan diterima oleh pihak Syarikat sebelum perlindungan bermula.

**c) Tempoh bertenang**

Jika polisi ini telah dikeluarkan dan atas apa-apa alasan, Pihak Diinsuranskan membuat keputusan untuk tidak mengambil polisi, Pihak Diinsuranskan itu boleh mengembalikan Polisi kepada Syarikat untuk pembatalan dengan syarat permohonan untuk pembatalan diserahkan oleh Pihak Diinsuranskan kepada Syarikat dalam tempoh lima belas (15) hari dari tarikh penyerahan Polisi. Pihak Diinsuranskan itu layak menerima pulangan penuh premium yang telah dibayar setelah ditolak perbelanjaan perubatan yang ditanggung oleh Syarikat untuk mengeluarkan Polisi tersebut.

**d) Tempoh tangguh**

Kelayakan untuk manfaat dibawah polisi ini bermula hanya 30 hari selepas tarikh efektif bagi polisi ini

**e) Prosedur tuntutan**

Sekiranya berlaku kemasukan tanpa tunai, sila hubungi Asia Assistance di talian 03-7628 3777 or 03-7841 5777. Sekiranya tuntutan, sila hubungi RHB Insurance.

**f) Keputusan Menyimpan Resit Rasmi Prosedur tuntutan**

Setelah pembayaran premium dilakukan, sila pastikan anda diberikan Resit Rasmi sebagai bukti pembayaran. Anda dinasihatkan supaya menyimpan Resit Rasmi tersebut untuk sebarang rujukan lanjut.

**g) Apa yang dimaksudkan dengan program Deduktibel?**

Pilihan ini membenarkan anda membayar sebahagian daripada seluruh premium tahunan tetapi anda perlu menjelaskan RM5,000, RM10,000, RM20,000, RM30,000, RM50,000 atau RM100,000 (seperti pilihan anda) yang pertama untuk perbelanjaan yang layak untuk bil perubatan anda. Manfaat ini terutamanya bagus sekiranya anda telah mempunyai polisi Insurans Penghospitalkan & Pembedahan.

**h) Pengantaran Polisi**

Jadual Polisi akan dihantar kepada anda dalam tempoh 30 hari selepas tarikh permohonan anda diluluskan.

**i) Kecuali diperbaharui, perlindungan akan tamat pada tarikh luput dan pihak Syarikat tidak akan bertanggungjawab ke atas apa-apa perbelanjaan yang terlibat selepas tarikh luput.**



## 6. Apakah pengecualian-pengecualian utama polisi ini?

### Beberapa pengecualian utama perlindungan polisi adalah

- a) Penyakit sedia ada  
Hendaklah bermaksud hilang upaya sedia ada yang diketahui sewajarnya oleh Pihak Diinsuranskan. Pihak Diinsuranskan dianggap mengetahui sewajarnya keadaan sedia ada itu apabila
  - i. Pihak Diinsuranskan telah atau sedang menerima rawatan
  - ii. Nasihat perubatan, diagnosis, jagaan atau rawatan telah disyorkan
  - iii. Gejala jelas dan tepat dapat atau telah dilihat dengan jelas; atau
  - iv. Kewujudannya dapat diperhatikan dengan jelas bagi orang yang mengalami keadaan itu
- b) Penyakit tertentu yang berlaku dalam tempoh 120 hari pertama bagi perlindungan berterusan. Penyakit tertentu adalah: Hipertensi, diabetes mellitus dan penyakit kardiovaskular, Semua tumor, kanser, sista, nodul, polip, batu dalam system kencing dan system biliari. Semua penyakit telinga, hidung (termasuk sinus) dan tekak, hernia, hemoroid, fistula, hidrosele, varikosele, Endometriosis termasuk penyakit pembiakan, gangguan spina vertebro (termasuk diska) dan penyakit lutut.
- c) Apa-apa keadaan perubatan atau fizikal yang berlaku dalam tempoh 30 hari pertama perlindungan atau tarikh pengembalian semula bagi Pihak Diinsuranskan, mengikut mana-mana yang terakhir kecuali untuk kecederaan akibat kemalangan.
- d) Pembedahan Plastik/kosmetik, khatan, pemeriksaan mata, cermin mata dan pembetulan penglihatan dekat melalui pembiasan atau pembedahan (Keratotomi radial atau lasik) dan penggunaan atau pemerolehan perkakas atau alat prostetik seperti anggota tiruan, alat pendengaran, perentak yang diimplankan dan preskripsinya.
- e) Penyakit pergigian termasuk rawatan pergigian atau pembedahan oral kecuali apabila diperlukan kerana Kecederaan Akibat Kemalangan pada gigi asli yang sihat yang berlaku sepenuhnya dalam tempoh Insurans.
- f) Penjagaan peribadi rehat pulih atau jagaan kebersihan, dadah yang tidak dibenarkan, intoksikasi, pensterilan, penyakit venerial dan sekuelanya, AIDS (Sindrom Kurang Daya Tahan Penyakit) atau ARC (Kompleks Berkaitan AIDS) dan penyakit berkaitan HIV (Sindrom Kurang Daya Tahan Manusia) kecuali jangkitan HIV timbul akibat daripada pemindahan darah, dan apa-apa penyakit berjangkit yang memerlukan kuarantin oleh undang-undang.
- g) Apa-apa rawatan atau operasi pembedahan untuk keabnormalan atau kecacatan kongenital termasuk penyakit keturunan.
- h) Kehamilan, melahirkan anak (termasuk kelahiran secara pembedahan), keguguran, mengugurkan kendungan dan jagaan serta pembedahan prenatal atau postnatum, kaedah kawalan kelahiran kontraseptif mekanikal atau kimia atau rawatan berkaitan ketaksuburan, disfungsi erektil dan ujian atau rawatan berkaitan impoten atau pensterilan.
- i) Penghospitalkan terutamanya untuk tujuan penyiasatan, diagnosis, pemeriksaan sinar-x, pemeriksaan fizikal atau perubatan am, tidak berkaitan dengan rawatan atau diagnosis Hilang Upaya yang dilindungi yang tidak Perlu Dari Segi Perubatan dan apa-apa rawatan pencegahan, ubat atau pemeriksaan pencegahan yang dijalankan oleh Pakar Perubatan, dan rawatan khusus untuk mengurangkan atau menaikkan berat badan.
- j) Bunuh diri, percubaan bunuh diri atau kecederaan diri sendiri yang disengajakan ketika siuman atau tidak siuman.
- k) Perang atau apa-apa tindakan perang, diisytiharkan atau tidak diisytiharkan, aktiviti jenayah atau pengganas, bergiat cergas dalam mana-mana angkatan bersenjata, penyertaan secara langsung dalam mogok, rusuhan dan kekecohan awam atau penderhakaan tentera.
- l) Radiasi pengionan atau pencemaran melalui radioaktiviti daripada mana-mana bahan api nuklear daripada proses pembelahan nuklear atau daripada apa-apa bahan senjata nuklear.
- m) Belanja yang ditanggung untuk menderma mana-mana organ tubuh oleh Pihak Diinsuranskan dan kos pemerolehan organ termasuk semua kos yang ditanggung oleh penderma ketika pemindahan organ dan komplikasinya.
- n) Penyiasatan dan rawatan gangguan tidur dan dengkur, terapi penggantian hormone dan terapi pilihan seperti rawatan, khidmat atau bekalan perubatan, termasuk tetapi tidak terhad kepada khidmat kiropraktik, akupunktur, akutekanan, refleksologi, pengikatan tulang, rawatan pakar herba,urut atau terapi aroma atau rawatan pilihan yang lain.
- o) Jagaan atau rawatan yang pembayarannya tidak dikehendaki atau setakat yang ia dibayar oleh mana-mana insurans lain atau tanggung rugi yang melindungi Pihak Diinsuranskan dan Hilang Upaya yang timbul daripada tugas dalam pekerjaan atau kerjaya yang dilindungi di bawah Kontrak Insurans Pampasan Pekerja.
- p) Psikotik, gangguan mental atau saraf (termasuk apa-apa neurosis dan manifestasi fisiologi atau psikosomatiknya)
- q) Kos/Perbelanjaan bagi khidmat yang bersifat bukan perubatan seperti televisyen, telefon, khidmat teleks, radio atau kemudahan yang serupa, kit/pek kemasukan dan barang bukan perubatan lain yang tidak layak.
- r) Sakit atau kecederaan yang timbul daripada apa-apa jenis perlumbaan (kecuali perlumbaan jalan kaki), sukan berbahaya seperti tetapi tidak terhad kepada terjun di udara, luncur air, aktiviti dalam air yang memerlukan alat pernafasan, sukan musim sejuk, sukan professional dan aktiviti yang tidak dibenarkan.
- s) Penerbangan peribadi selain sebagai penumpang yang membayar tambang dalam mana-mana penerbangan komersil berjadual untuk mengangkut penumpang melalui laluan yang ditetapkan.
- t) Perbelanjaan yang ditanggung untuk menukar jantina.

*Nota: Ini adalah tidak menyeluruh. Sila rujuk kepada polisi dokumen untuk butir-butir penuh.*

## 7. Bolehkah saya membatalkan Polisi?

Anda boleh membatalkan polisi anda dengan memberi notis bertulis kepada Syarikat. Selepas pembatalan, anda layak menerima bayaran balik sebahagian daripada premium dengan syarat anda tidak membuat tuntutan ke atas polisi.

## 8. Apakah yang perlu dilakukan seandainya terdapat perubahan pada maklumat perhubungan?

Adalah penting untuk anda memaklumkan kepada kami sekiranya terdapat sebarang perubahan dalam maklumat perhubungan anda untuk memastikan semua surat menyurat sampai kepada anda dalam masa yang tepat.

## 9. Di mana saya boleh mendapatkan maklumat lanjut?

Sekiranya anda memerlukan maklumat tambahan mengenai Insurans Perubatan dan Kesihatan, sila rujuk kepada buku kecil *info insurans* berkenaan 'Insurans Perubatan dan Kesihatan' yang boleh didapati di semua cawangan kami atau layari [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my)



Sekiranya anda mempunyai sebarang pertanyaan, sila hubungi kami di:

**RHB INSURANCE BHD** (38000-U) didaftarkan di bawah Akta Perkhidmatan Kewangan 2013 dan dikawal selia oleh Bank Negara Malaysia.

Level 12B, West Wing

The Icon, No 1, Jalan 1/68F

Jalan Tun Razak 55000 Kuala Lumpur

Tel : 1-300-220-007; Faks :03-2163 7277

Laman web : [www.rhbgroup.com/insurance](http://www.rhbgroup.com/insurance)

**10. Lain-lain perlindungan insurans perubatan dan kesihatan diri yang boleh didapati**

Sila rujuk kepada pihak insurans anda/pengantara untuk lain-lain pelan insurans yang ditawarkan

**NOTIS PENTING:**

**ANDA HENDAKLAH BERPUAS HATI DAN MEMASTIKAN BAHAWA POLISI INI ADALAH MENEPATI KEPERLUAN ANDA. ANDA HENDAKLAH MEMBACA DAN MEMAHAMI POLISI INSURANS DAN BERBINCANG DENGAN EJEN ATAU MENGHUBUNGI SYARIKAT INSURANS UNTUK MAKLUMAT LANJUT.**

*Maklumat yang terkandung di sini adalah berkuatkuasa bermula **01/09/2018***