<table>
<thead>
<tr>
<th>Schedule of Benefits</th>
<th>Plan HN120 (RM)</th>
<th>Plan HN80 (RM)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Room &amp; Board (Up to 150 days)</td>
<td>120</td>
<td>80</td>
</tr>
<tr>
<td>Intensive Care Unit (ICU)</td>
<td>Full Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Lodger (Up to 150 days)</td>
<td>90</td>
<td>60</td>
</tr>
<tr>
<td>Daily Cash Allowance at Government Hospital (Up to 150 days)</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>Malaysian Government Service Tax (Room Charges)</td>
<td>5% Eligible Paid Expenses</td>
<td></td>
</tr>
<tr>
<td>Operating Theatre</td>
<td>Full Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Hospital Services &amp; Supplies</td>
<td>Full Reimbursement</td>
<td></td>
</tr>
<tr>
<td><strong>Professional Fees &amp; Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Hospital Diagnostic Test within 60 days preceding confinement</td>
<td>Full Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Pre-Hospital Specialist Consultation within 60 days preceding confinement</td>
<td>Full Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Surgeon Fee</td>
<td>17500</td>
<td>12500</td>
</tr>
<tr>
<td>Anaesthetist Fee</td>
<td>5000</td>
<td>4000</td>
</tr>
<tr>
<td>In-Hospitalisation Physician's Visit (Up to 150 days)</td>
<td>Full Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Post-Hospitalisation Treatment (For non-surgical within 60 days from discharge)</td>
<td>Full Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Ambulance Fee</td>
<td>Full Reimbursement</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient/Extended Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Accidental Outpatient Treatment (Within 24 hours and follow-up treatment up to 31 days)</td>
<td>Full Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Emergency Accidental Dental Treatment (Within 24 hours and follow-up treatment up to 14 days)</td>
<td>Full Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Home Nursing Care (Up to 60 days)</td>
<td>70</td>
<td>50</td>
</tr>
<tr>
<td>Annual Outpatient Cancer Treatment</td>
<td>36000</td>
<td>24000</td>
</tr>
<tr>
<td>Monthly outpatient Kidney Dialysis Treatment’</td>
<td>3000</td>
<td>2000</td>
</tr>
<tr>
<td>Lifetime Limit for outpatient kidney dialysis treatment</td>
<td>108000</td>
<td>72000</td>
</tr>
<tr>
<td>Organ Transplant (Once per lifetime)</td>
<td>Full Reimbursement</td>
<td></td>
</tr>
<tr>
<td>Outpatient Physiotherapy Treatment (within 90 days from discharge)</td>
<td>Full Reimbursement</td>
<td></td>
</tr>
<tr>
<td>In-Patient Treatment for Mental Illness (Max Per Year)</td>
<td>2500</td>
<td>2500</td>
</tr>
</tbody>
</table>
SUMMARY OF THE BENEFITS

Hospital Room & Board – daily charges for room and board and meals during confinement as a bed patient.

Intensive Care Unit - daily charges as a bed patient in the Intensive Care Unit of the hospital.

Lodger – lodger fee charged for accompanying the insured child patient (below 15 years of age) during the hospital confinement.

Daily Cash Allowance at Government Hospital – daily cash allowance for confinement at Malaysian Government Hospital provided confined to a Room & Board rate that does not exceed the limit. No payment will be made for any transfer to or from any Private Hospital and Malaysian Government Hospital.

Malaysian Government Service Tax – 5% government service tax on eligible Room & Board charges incurred.

Operating Theatre – charges for operating theatre incidental to the surgical procedure.

Hospital Service & Supplies – charges during confinement which shall include general nursing, prescribed medicines, dressing, X-Rays, laboratory examinations, electrocardiograms, physiotherapy, administration of blood and blood plasma but excluding the cost of blood and plasma.

Pre-Hospital Diagnostic Tests – charges for diagnostic tests which are recommended by a general practitioner within 60 days preceding hospital confinement. No payment shall be made if upon such diagnosis, the insured does not result in hospital confinement for the treatment of the medical condition so diagnosed. Medications and consultation charged by the general practitioner will not be payable.

Pre-Hospital Specialist Consultation – fees charged by the Specialist which are 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) or where the Insured does not result in hospital confinement for the treatment of the medical condition so diagnosed.

Surgeon Fee – surgical fees and normal pre and post-operative care up to 60 days inclusive both before and after the operation.

Anaesthetist Fee – fees charged by the Anaesthetist for the supply and administration of anaesthesia.

In-Hospital Physician Visit – fees charged by the Physician for the treatment of the Insured Person when confined for a non-surgical disability.

Post-Hospitalisation Treatment – charges for treatment within 60 days following discharge from hospital for a non-surgical confinement administered by the same Physician.

Ambulance Fees – charges for ambulance services for transporting the Insured Person to and from hospital. Payment is not made if the Insured Person is not hospitalised.

Emergency Accidental Outpatient Treatment – charges by the hospital or clinic in connection with the emergency treatment of bodily injury arising from an accident and received as an outpatient within 24 hour of the accident. Follow up treatment is up to 31 days by the same physician.

Emergency Accidental Dental Treatment – fees charges for the treatment of accidental injuries to sound natural teeth within 24 hour of the accident. Follow up treatment is up to 14 days by the same dentist.

Home Nursing Care – daily charges for the services of licensed and qualified nurse in the Insured’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.
Annual Outpatient Cancer Treatment – charges incurred for the alleviation of neoplastic condition and received at the outpatient department of a hospital or a registered cancer treatment center following discharge from hospital.

Monthly Outpatient Kidney Dialysis – charges incurred for the treatment of kidney dialysis at a legally registered dialysis center due to end-stage renal failure following discharge from hospital.

Organ Transplant – medical charges and professional fees for the surgical transplantation of the kidney, heart, lung, liver or bone marrow performed in a hospital. Payment is limited to one event per lifetime.

Outpatient Physiotherapy Treatment – charges for outpatient physiotherapy treatment which is recommended in writing by the attending Physician within 90 days after discharge from hospital.

Inpatient Treatment for Mental Illness – if the Insured Person shall be confined to hospital for the treatment of a mental illness, in lieu of the other benefits, the policy shall pay this benefit subject to the Annual Limit as stated in the Schedule of Benefits. “Mental Illness” shall mean a nervous disorder or the functional disorder of the psychic constitution including any physiological or psychosomatic manifestations which necessitate the Insured Person to be confined in hospital for the medically required treatment.

Overall Annual Limit – the maximum annual reimbursement for all benefits payable subject to the limit as stated in the Schedule of Benefits.

Hospital Income (If Applicable) – daily cash allowance for each day of hospital confinement due to Accidental Injury with one (1) day excess.
UNDERSTANDING SALIENT DEFINITIONS, TERMS, CONDITIONS AND EXCLUSIONS

Pre-Existing Illnesses
Pre-existing illnesses shall mean:
Disabilities that existed before the Effective date of Insurance 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

Specified Illnesses
Specified illnesses shall mean the following disabilities and its related complications, occurring within the first 120 days of Insurance of the Insured Person:
   a) Hypertension, diabetes mellitus and Cardiovascular disease
   b) All tumours, cancer, cysts, nodules, polyps, stones of the urinary system and biliary system
   c) All ear, nose (including sinuses) and throat condition
   d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele
   e) Endometriosis including disease of the Reproduction System
   f) Vertebro-spinal disorders (including disc) and knee conditions

Waiting Period
Shall mean the first 30 days between the beginning of an Insured Person’s disability and the commencement of this Policy date / reinstatement date and is applied only when the person is first covered. This shall not be applicable after the first year of cover. However, if there is a break in insurance, the Waiting Period will apply again.

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

Residence Overseas
No benefits whatsoever shall be payable for any medical treatment received by the Insured outside Malaysia, if the Insured resides or travels outside Malaysia for more than 90 consecutive days.

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 travelling abroad for a reason other than for medical treatment, needs to be confined to a Hospital outside Malaysia as a consequence of a Medically Emergency
   b) An Insured Person upon recommendation of a Physician and has to be transferred to a Hospital outside Malaysia because the specialised 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.

Reasonable and Customary Charges
Charges for medical care which is medically necessary shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charges is incurred, when furnishing like a comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar sickness, disease or injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured Person’s medical condition.
**Medical Necessary**

MEDICALLY NECESSARY shall mean a medical service which is:

a) Consistent with the diagnosis and customary medical treatment for a covered Disability, and

b) In accordance with standards of good medical practice, consistent with the current standard of professional medical care, and of proven medical benefits, and

c) Not for the convenience of the Insured or the Physician, and unable to be reasonably rendered out of hospital (if admitted as an inpatient), and

 d) Not of an experimental, investigational or research nature, preventive or screening nature, and

 e) For which the charges are fair and reasonable and customary for the Disability

**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 issue of the Policy. The Insured Person is entitled to the return of the full premium paid less deduction of medical expenses incurred by the Company in the issue of the Policy.
EXCLUSIONS

This Policy shall not cover:

1. Pre-existing illness
2. Specified illnesses occurring during the first 120 days of continuous cover
3. Any medical or physical conditions arising within the first 30 days of the Insured Person’s cover or date reinstatement whichever is latest except for accidental injuries.
4. 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.
5. Plastic / Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of near-sightedness (Radial keratotomy or Lasik) and the use or acquisition of prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
6. 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
7. Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law.
8. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions
9. 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.
10. Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations)
11. Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examinations, 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
12. Costs/expenses of service of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit / pack and other ineligible non-medical items.
13. 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 sport and illegal activities
14. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane
15. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes
16. War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strike, riots and civil commotion or insurrection
17. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission on from any nuclear weapons material.
18. Expenses incurred for donation of anybody organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor organ transplant and its complications
19. Expenses incurred for sex changes
20. 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.