TOKIO MARINE

DESCRIPTION OF BENEFITS

The amount payable by the Company will not exceed the actual costs of the services rendered and the maximum liability of the Company shall base on the actual, Medically Necessary, Reasonable and Customary charges incurred but not to exceed the benefit limits in accordance with the Benefit Plan set out in the Schedule of Benefits. No benefits whatsoever shall be payable for charges, fees or expenses of every kind and description which is not specifically mentioned hereunder.

1 **HOSPITAL ROOM AND BOARD** - Reimburses the daily charges made by the Hospital for room accommodation and meals for each day of confinement as a registered bed-paying patient in a Hospital but not exceeding the daily limit and/or the maximum number of days as stated in the Schedule of Benefits.

2 **INTENSIVE CARE UNIT** - Reimburses daily charges incurred for confinement in an Intensive Care Unit or Cardiac Care Unit or High Dependency Unit where prescribed by the attending Physician or Surgeon but not exceeding the daily limit and/or the maximum number of days as stated in the Schedule of Benefits.

3 **SURGEON FEES** - Reimburses professional fees charged by the Surgeon for a surgical operation and ward visits up to the maximum amount obtained by multiplying the corresponding percentage for that operation as specified in the attached Surgical Schedule by the Benefit Limit for Surgeon Fees as stated in the Schedule of Benefits. These fees include pre-surgical assessment and all normal post-operative care up to 31 days before and after the operation. Surgeon Fees shall also include those professional fees charged by a second Physician or Surgeon who may be consulted prior and during Hospitalisation of the Insured Person for a surgical operation.

4 **ANAESTHETIST FEES** - Reimburses professional fees charged by An Anaesthesiologist for the supply and administration of anaesthesia performed in a surgical operation Provided that such fees shall not exceed the percentage of the Eligible Surgeon Fee. The percentage is stipulated in the Schedule of Benefits.

5 **OPERATING THEATRE FEES** - Reimburses charges made by Hospital for the use of an Operating Theatre to perform a surgical operation Provided that such charges shall not exceed the percentage of the Eligible Surgeon Fee. The percentage is stipulated in the Schedule of Benefits.

6 **DAY-CARE SURGERY** - Reimburses professional fees and incidental medical expenses charged by a Surgeon, Hospital or Day-care Specialist Centre for a surgical procedure performed in an outpatient setting (without Hospitalisation). Surgical procedure shall include Endoscopy (all types), Intravenous pyelogram (IVP/IVU), Barium studies and Angio-graphic studies and other such diagnostic procedures as deemed Medically Necessary and duly referred by a Physician. This shall include to cover prescribed take home drugs up to one month supply as well as pre-daycare and post-daycare visits up to 31 days. Any daycare procedure done for investigative and diagnostic purposes not related to treatment is not covered.

7 **IN-HOSPITAL PHYSICIAN VISIT** - Reimburses daily professional fees charged by a Physician for non-surgical Disability confinement, but not exceeding the daily limit and/or the maximum number of days as stated in the Schedule of Benefits.

8 **HOSPITAL SERVICES & SUPPLIES** - Reimburses medical expenses incurred during Hospital confinement for Prescribed Medicines, intravenous infusions, dressings, ordinary splints, plaster casts, rental of appliances, surgical implants, nursing treatment fees, physiotherapy fees, diagnostic tests, electrocardiograms, laboratory examinations and tests, X-rays, blood transfusions, oxygen and its administration. This shall include to cover prescribed take home drugs up to one month supply. Extended to cover the cost of admission fee, registration fee, medical record, billing fee, name tag / ID band, dispensing fee.

9 **PRE-HOSPITALISATION AND PRE-SURGICAL DIAGNOSTIC SERVICES** - Reimburses charges for X-ray, diagnostic and laboratory tests which are recommended in writing by a Physician for the purpose of diagnosing a Disability on outpatient basis Provided such services are incurred within 31 days preceding Hospitalisation or surgical procedure. No payment shall be made if upon such diagnostic services, the Insured Person does not result in Hospitalisation for the treatment of the Disability diagnosed.

10 **PRE-HOSPITALISATION SPECIALIST FEES** - Reimburses professional fees charged by a Specialist for the purpose of diagnosing a non surgical Disability on outpatient basis Provided such consultation has been recommended in writing by a Physician and the consultation are made within 31 days prior to Hospitalisation. Payment will not be made for any clinical treatment (including medications and subsequent consultation after the illness is diagnosed) nor the Insured Person does not result in Hospitalisation for the treatment of the Disability diagnosed.

11 **POST-HOSPITALISATION TREATMENT** - (For non-surgical confinement only) Reimburses medical charges for follow-up treatments and administered by the same Physician who treated the Insured Person during the said Hospitalisation for a maximum period of 31 days from the date of discharge from Hospital. This shall include to cover prescribed take home drugs up to one month supply.

12 **EMERGENCY ACCIDENTAL DENTAL TREATMENT** - Reimburses medical expenses incurred in a Hospital or a registered dental clinic for dental treatment of injury or damage to sound natural teeth as a result of an Accident Provided that the dental treatment is received within forty-eight (48) hours of the Accident causing the Injury. Follow-up treatment by the same Dentist will be covered for a period up to 31 days from the date of the Accident.

13 **EMERGENCY ACCIDENTAL OUTPATIENT TREATMENT** - Reimburses medical expenses incurred in a Hospital or a registered clinic for treatment of bodily injury as a result of an Accident and treated as an outpatient within 24 hours after the Accident. Eligible medical expenses incurred for follow up treatment by the same Physician will be covered for a period of up to **31** days from the date of the Accident.

14 **AMBULANCE FEES** - Reimburses charges made by a Hospital or medical organisation for providing road Ambulance services for transporting an Insured Person to and/or from the Hospital when necessary. Payment will not be made if the Insured Person is not immediately hospitalised.

15 **GOVERNMENT SERVICE TAX** - Reimburses the Government Service Tax (if applicable) on the eligible Hospital Room and Board charges.

16 **DAILY CASH ALLOWANCE AT GH** - Pays a daily allowance for each complete day of confinement in a Malaysian Government Hospital up to the maximum number of days as stated in the Schedule of Benefits, provided that the Insured Person shall confine to a 'Hospital Room and Board' rate that not exceeding his/her entitlement.

17 **OUTPATIENT PHYSIOTHERAPY TREATMENT** - Reimburses the daily professional fees charged by a legally and medically qualified physiotherapist for outpatient physiotherapy treatment and incurred within 31 Days immediately following discharged from hospital provided that such service is deemed to be recommended in writing by the same attending physician/surgeon who treated the insured person during the said confinement.

18 **MEDICAL REPORT FEE** - It is hereby declared and agreed that notwithstanding anything contained herein to the contrary, the policy is extended to cover reimbursement of medical report fee not exceeding the amount stipulated in the benefit schedule in respect of each disability.

19 **ANNUAL OUTPATIENT CANCER TREATMENT** - If an Insured Person is diagnosed with Cancer as defined below, the Company will reimburse the Reasonable and Customary charges incurred for the Medically Necessary treatment of cancer performed at a legally registered cancer treatment centre subject to the limit as specified in the Schedule of Benefit. Such treatment (radiotherapy or chemotherapy including consultation, examination tests, and take home drugs prescribed or rendered on the same day as chemotherapy / radiotherapy treatment) must be received at the outpatient department of a Hospital or a registered cancer treatment centre.

Cancer is defined as the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or surgery (excluding endoscopic procedures alone) is considered necessary. The cancer must be confirmed by histological evidence of malignancy.

20 **ANNUAL OUTPATIENT KIDNEY DIALYSIS TREATMENT** - If an Insured Person is diagnosed with Kidney Failure as defined below, the Company will reimburse the Reasonable and Customary charges incurred for the Medically Necessary treatment of kidney dialysis performed at a legally registered dialysis centre subject to the limit of this disability as specified in the Schedule of Benefit. Such treatment (dialysis including consultation, examination tests, and take home drugs prescribed or rendered on the same day as dialysis) must be received at the outpatient department of a Hospital or a registered dialysis treatment centre.

Kidney Failure means end stage renal failure presenting as chronic, irreversible failure of both kidneys to function as a result of which renal dialysis is initiated.

21 **OUTPATIENT GENERAL PRACTITIONER CLINICAL TREATMENT** - Reimbursement of Reasonable and Customary Charges for Treatment or Consultation services rendered by a legally registered Doctor as a result of common Sicknesses and bodily injuries, where Hospitalisation is not required, up to the maximum limits as stated in the Schedule of Outpatient Benefits. This benefit is on Cashless basis at an appointed panel clinic and is applicable within Malaysia.

(i) Routine Consultation - Reimbursement of Reasonable and Customary Charges incurred for the routine Consultation by a Physician at a Panel Clinic.

(ii) Medication - Reimbursement of Reasonable and Customary Charges incurred for the medication relevant to the Treatment of the Disability, which requires a Physician's prescription at a Panel Clinic.

(iii) Injection - Reimbursement of Reasonable and Customary Charges incurred for the injection which requires a Physician's or Physician assistant's administration at a Panel Clinic for Treatment of an Illness, Injury and mandatory vaccinations/immunization for children only, they are BCG (booster), Hepatitis B (infants up to 1 year old), Triple Antigen & TetrAct Hib (infants up to 1 year old), Double Antigen (booster), Oral Polio, MMR and Rubella.

(iv) Diagnostic Lab / X-Ray Procedures - Reimbursement of Reasonable and Customary Charges for all laboratory examinations and diagnostic x-ray done at a Panel Clinic for the determination and diagnosis of a Disability.

(v) Outpatient Surgical Procedures - Reimbursement of Reasonable and Customary Charges incurred or Outpatient surgical procedure done at a Panel Clinic.

22 **REIMBURSEMENT OF COLLEGE TUITION FEES DUE TO PROLONGED PERIOD OF DISABILITY (PER SEMESTER)**

In the event of a prolonged disability, which actually prevents the Insured person from attending to his academic session at his registered college and as a direct result of this non-attendance such that the Insured person has to repeat his coursework in a new academic session, this Benefit will reimburse the actual college tuition fees paid for the academic session which was missed.

In the context of this Benefit, a prolonged disability is defined as a covered medical condition which renders the Insured person being confined to the hospital continuously for a period of not less than 14 days and shall include any post hospital convalescence immediately following the discharge from the hospital.

23 **COMPASSIONATE VISITATION BENEFIT** - Additional accommodation and travelling expenses for a parent/ legal guardian located outside Malaysia required on medical advice from the treating physician to remain with the Insured Person(s) during hospitalisation and if the Insured Person is hospitalised for more than five (5) consecutive days and the medical condition does not allow repatriation up to the maximum amount as set forth in the Schedule of Benefits.

24 **EMERGENCY MEDICAL ASSISTANCE AND SERVICES -** Medical necessary expense for emergency transportation and medical care to move an Insured Person who has a critical medical condition to the nearest Hospital where appropriate care and facilities are available.

This benefit shall include Return of Minor Child, whereby if an Insured is hospitalised or repatriated under this Policy their dependent children under the age of 18, who would otherwise be left without any adult supervision as the result of their parent's eligible treatment, will be covered under this policy for the cost of a one way economy fare to the their home country.

Reimbursement of the costs of repatriating the Insured Person or the mortal remains back to their home country in the event of the Insured Person having suffered a total and permanent disability or death caused by a covered illness or accident. Death shall be established by an official death certificate.

25 **ACCIDENTAL DEATH BENEFIT** - An amount payable should an Insured Person sustain bodily injury caused by an accident resulting directly and independently of any other cause within one year in death. Death shall be established by an official Death Certificate.

26 **PERMANENT DISABLEMENT** - An amount payable should an Insured Person sustain bodily injury caused by an accident resulting directly and independently of any other cause within one year in disablement (total or partial).

27 **FUNERAL EXPENSES** - In the event of the death of an Insured Person, upon presentation of sufficient proof of the death through all causes, a death benefit will be paid according to the amount stated in the Schedule of Benefits.

28 **SNATCH THEFT** - Reimburse up to RM500 subject to a police report being lodged in the event of a loss or damage to the Insured Person's personal effects due to snatch theft. The reimbursement items are replacement fee for NRIC, passport, driving license, credit/charge cards, access cards for entry to building/parking lots, eye glasses, hand phone, wallets and purses. Policy report to be made within twenty-four (24) hours of occurrence. The insurance under this benefit is limited to one (1) claim only in respect of any one period of insurance.

29 **SINSEH/TRADITIONAL TREATMENT** - Reimburse the cost of Sinseh or Traditional Treatment including medicine incurred by the Insured Person as a result of an accident up to the amount specified in the Table of Benefits.

30 **INPATIENT TREATMENT FOR MENTAL ILLNESS** – If the Insured Person is confined to the hospital for the treatment of a mental illness, in lieu of all other benefits, the policy shall pay this benefit as provided under the Schedule of Benefits subject to the annual limit stated. The term 'Mental Illness' shall mean a nervous disorder or the functional disorder of the psychic or mental constitution including any physiological or psychosomatic manifestations which necessitate the Insured Person to be confined in the hospital for the medically required treatment.

EXCLUSIONS FOR OUTPATIENT GENERAL PRACTITIONER CLINICAL TREATMENT

This Policy does not cover:

1. More than one (1) Out-patient Consultation per day to a General Practitioner for the same diagnosis.
2. Consultation made on the day of surgical operation or during convalescence therefrom, if cover for such operation is available under a Hospital & Surgical Insurance Policy.
3. Cost of prescribed medicine without Consultation.
4. Private nursing care and house calls by Doctors for any reasons.
5. Cosmetic Surgery or Treatment, or Treatment of their complications (inclusive of double eyelids, acne, keloids etc).
6. Care and Treatment that is experimental, investigative and not according to accepted professional standards and care that is not Medically Necessary.
7. Contraceptive medications and devices, sterilisation procedures, treatment for complications, reversal of such procedures and the work up or Treatment of sexual dysfunction or infertility.
8. Investigation and Treatment relating to pregnancy including prenatal, childbirth, postnatal and all complications arising therefrom.
9. Hormone therapy.
10. Any circumcision unless Medically Necessary
11. Alternative therapies such as acupuncture, chiropractic, osteopathy, reflexology etc.
12. Vitamins, Food Supplement, Herbal Cures, Anti Obesity/Weight Reducing Agents including off the counter medications.
13. Soaps, shampoos, vitamin creams and vitamin ointment.
14. Psychotic, mental, nervous disorders and behavioral conditions including neurosis, physiological or psychosomatic manifestations.
15. Treatment, therapy for congenital or hereditary Diseases, deformities and Disabilities and any medical or surgical complication arising therefrom e.g. childhood hernias, clubfoot, Ventricular Septal Defect, Atrial Septal Defect, Thalassemia etc.
16. Diseases or Disabilities of a newborn child contracted prior to or during birth of within the first 14 days hereafter.
17. Blood and topical allergy testing.
18. Routine physical examination, health check-ups or tests not incident to Treatment or diagnosis of a covered Disability.
19. Speech and Occupational Therapy.
20. Any process solely for the determination of eye refraction, lazy eye and the correction of the same by radial keratotomy, orthoptic or visual training or by any other means.
21. Supply of corrective glasses, or contact lens except cataract surgery or eye Injury while Insured Person or any associated material for the correction of visual acuity.
22. Any dental treatment or surgery.
23. Use, acquisition or rental of external appliances such as artificial limbs, hearing aids, aero chambers, equipment for nebulising, orthopedic pads.
24. Services of a non-medical nature.
25. Out-patient physical therapy or physiotherapy.
26. Out-patient rehabilitation therapy, chemotherapy, radiation therapy and kidney dialysis.
27. Chronic illnesses such as Diabetes, High Blood Pressure, Asthma, Hepatitis B and C carriers, nerve disorders or degenerative diseases, endometriosis, transverse myelitis and conditions arising therefrom or associated therewith.

28. Preventive Vaccinations / Immunisations except for the following that are applicable to eligible children only (subject to Out-patient Benefit limit, if any) :-

- BCG (booster);
- Hepatitis B (infants up to 1 year old);
- Triple Antigen & TetrAct Hib (infants up to 1 year old);
- Double Antigen (booster), including Oral Polio;
- MMR;
- Rubella.

POLICY EXCLUSIONS

This Policy does not cover:

1 Care or treatment for which payment is not required or to the extent that such care or treatment is payable by any other insurance or indemnity covering the Insured and Disabilities.

2 Cosmetic/Plastic surgery and treatment, refractive errors of the eyes and its correction by any means, hearing aids, acquisition of prosthetic appliances such as artificial limbs, dialysis machine and prescriptions thereof except as necessitated by Injuries occurring wholly during the Period of Insurance.

3 Dental care and treatment, except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.

4 AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) and all illnesses or diseases in the presence of the Human Immune-deficiency Virus (HIV), and Sexually Transmitted Diseases, and any communicable diseases requiring quarantine by law.

5 Congenital Abnormalities or Deformities including hereditary conditions and development ailments.

6 Pregnancy, child birth, miscarriage, abortion, infertility, prenatal or postnatal care, any means of birth control, tests or treatment related to sexual dysfunction or sterilization.

7 Mental or nervous disorders, psychiatric conditions (including any neuroses and their physiological or psychosomatic manifestations); senile or geriatric conditions of any kind; self-inflicted injury or attempted suicide; treatment of alcohol dependence syndrome and drug addiction.

8 Routine medical or physical examinations, health check-up, DNA or Genes or Chromosome tests, investigating procedures or tests not incidental to treatment or diagnosis of a covered Disability, or any treatment which is not Medically Necessary including any preventive treatments, preventive medicines or examinations and treatment for weight control.

9 Costs/expenses of services of a non-medical nature, such as television, telephones, newspaper, magazines, radios and the like.

10 Racing of any kind (except foot racing), underwater activities requiring breathing apparatus, professional sports and criminal activities or felony, suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.

11 Diseases or Disabilities of a newborn child contracted prior to or during birth or in the first 14 days thereafter.

12 War or any act of war, declared or undeclared, terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.

13 Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.

14 Investigation and treatment of sleeping and snoring disorders, hormone replacement therapy, and alternative therapy such as treatment, medical services or supplies, including but not limited to chiropractic services, acupuncture, podiatric, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.

15 Expenses incurred for sex changes.

16 Cost of acquisition of blood and plasma, including blood deposit/ surety, extraction procedure and cultivation of tissues and cells (inclusive of stem cells) required for treatment.

17 Private nursing care, custodial care in any setting or house calls engaged by Insured Member or services for rest cure provided by rest/ nursing home purely for recuperative purposes, unless specified in the Schedule of Benefits.

18 Any corrective treatment for refractive errors inclusive but not limited to the following such as Orthoptics, Visual Stimulation, Radial Keratotomy, Lasik, Intralase, Xyoptics, phacik IOL implant or intra-ocular lenses replacement surgery.

19 All corrective glasses or contact lens, except monofocal intraocular lenses in cataract surgery.

(Please refer to the Group Hospitalisation & Surgical Insurance Policy H-20180901 for other Definitions and Conditions)