

Product Disclosure Sheet - Crystal MediPLUS

Please read this Product Disclosure Sheet before you decide to take out the Crystal MediPLUS Medical Insurance. Be sure to also read the general terms and conditions.



1. What is this product about?

This policy provides for hospitalisation and surgical expenses incurred due to accidents or illnesses covered under the policy. The policy is renewable up to age of 65.

2. What are the covers / benefits provided?

This policy covers:

Maximum Per Disability		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Room & Board (Max. 120 days)		300	250	200	150	100	60
ICU (30 days)		600	500	400	300	200	120
Hospital Supplies & Services		12,000	10,000	7,500	5,000	3,500	2,500
In-Hospital Physician's Visit (120 days)		300	250	200	150	100	60
Surgical Fee	Complex	30,000	24,000	18,000	12,000	9,000	6,000
	Major	15,000	12,000	9,000	6,000	4,500	3,000
	Intermediate	7,500	6,000	4,500	3,000	2,500	1,500
	Minor	3,000	2,500	2,000	1,500	1,000	1,000
	Operating Theatre	3,600	3,000	2,250	1,500	1,050	750
	Anaesthetist's Fee	3,600	3,000	2,250	1,500	1,050	750
Post Hospitalisation Treatment (within 31 days from discharge)		300	300	200	200	100	100
Specialist Consultant Fee		750	600	500	400	250	100
Pre-Hospital Diagnostic Services		750	600	500	400	250	100
Ambulance Fees		200	200	200	200	200	200
Out-patient Kidney Dialysis		30,000	25,000	20,000	15,000	10,000	5,000
Out-patient Cancer Treatment		30,000	25,000	20,000	15,000	10,000	5,000
Emergency Accidental Out-patient Treatment		3,500	3,000	2,500	2,000	1,500	1,000
Overall Annual Limit		250,000	200,000	150,000	120,000	80,000	50,000

Please refer to the Policy Contract for full details.

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

3. How much premium do I have to pay?

Plans		Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Age Band		Annual Premium subject to Stamp Duty and Applicable Taxes (Ages of Next Birthday)					
30 days to 17 years	Male	523.00	388.00	308.00	201.00	144.00	105.00
	Female	380.00	303.00	260.00	186.00	114.00	86.00
18-29 years	Male	680.00	499.00	390.00	254.00	176.00	126.00
	Female	638.00	498.00	420.00	304.00	168.00	122.00
30-39 years	Male	722.00	530.00	415.00	277.00	192.00	145.00
	Female	863.00	670.00	563.00	416.00	223.00	160.00
40-49 years	Male	1,015.00	737.00	579.00	392.00	267.00	202.00
	Female	1,254.00	968.00	815.00	578.00	309.00	224.00
50-59 years	Male	1,862.00	1,396.00	1,184.00	873.00	486.00	365.00
	Female	1,808.00	1,390.00	1,179.00	871.00	467.00	343.00
60-65 years	Male	3,173.00	2,274.00	1,793.00	1,463.00	868.00	614.00
	Female	2,620.00	2,000.00	1,698.00	1,425.00	737.00	506.00

Terms of payment: Cash before cover

The premium payable is based on age of next birthday. The premiums for standard risks are as above. A premium loading may apply depending on Our underwriting requirements.

The renewal premium payable is not guaranteed and We have the right to revise the premium at the time of renewal according to Our risk assessment. The premium rate is age-banded and is payable according to each member's age on each policy year anniversary.

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

Type	Amount
Stamp Duty	RM10.00
Tax (where applicable)	6% on the premium (included in the premium)
Commission paid, if any, to the Insurance Intermediary (included in the premium)	Maximum up to 15% of the premium
Managed Care Organization Fee	RM20.00 (subject to applicable taxes) per person per year

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

- Importance of disclosure – 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 you 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.
- Cash before cover warranty.

- Cooling off Period – You may cancel Your policy by returning the policy within 15 days after You receive the policy. The premium that You have paid (less any medical fee incurred) will be refunded to You.
- Waiting Period – The eligibility for benefits under the policy will only start 30 days after the effective date of the policy, except for accidental causes.
- Coverage – Unless renewed, the coverage will cease on expiry date and We shall strictly not be liable for any expenses that take place after the expiry date.
- Upgraded Room and Board Co-Payment – If You are hospitalized at a published Room and Board rate which is higher than Your eligible benefit, You shall bear 20% of the other eligible benefits described in the Schedule of Benefits.
- Upgraded Insured Plan – Application for upgrading can only be made on renewal and is subject to underwriting and acceptance by Us.
- 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.
 - (d) Its existence would have been apparent to a reasonable person in the circumstances.
- Specified Illness – Shall mean the following disabilities and its related complications, occurring within the first 120 days of insurance of the Insured Person:
 - (a) Hypertension, cardiovascular disease and diabetes mellitus.
 - (b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary and biliary system.
 - (c) All ear, nose (including sinuses) and throat conditions.
 - (d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
 - (e) Endometriosis including disease of the reproduction system.
 - (f) Vertebra-spinal disorders (including disc) and knee conditions.
- Claim – Must be made within 30 days of occurrence of the event giving rise to the claim.

6. What are the major exclusions under this Policy?

This Policy does not cover:

- Pre-existing illness.
- Specified Illnesses occurring during the first 120 days of continuous cover.
- 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.
- Plastic / Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of near-sightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
- 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.
- Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, AIDS (Acquired immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV (Human Immunodeficiency Virus) related diseases, and any communicable diseases requiring quarantine by law.
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- 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 sterilisation.
- Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specially for weight reduction or gain.
- Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- 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.
- Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- 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.
- 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.

- 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.
- Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations).
- 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.
- 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.
- Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- Expenses incurred for sex changes.

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

7. Can I cancel my Policy?

This Policy may be cancelled by You at any time by giving a written notice to Us; and provided that no claims have been made during the current policy year, You shall be entitled to a refund of the premium as follow:

Period not Exceeding	Refund of Annual Premium
15 days	90% (applicable to renewal only)
1 months	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Period exceeding 11 months	No refund

8. What do I need to do if there are changes to my contact / personal details?

It is important that you inform us of any changes in your contact or personal details to ensure that all correspondences reach you in a timely manner You must also advise us in written as soon as you are aware of any change in your occupation, business, duties or pursuits. You may be required to pay additional premium as a result of any such change.

9. Where can I get further information?

Should you require additional information about Health and Medical Insurance, please refer to the insurance info booklet on ‘Health and Medical Insurance’, or You can visit www.insuranceinfo.com.my

If You have any enquiries, please contact us at:

Chubb Insurance Malaysia Berhad
Registration No: 197001000564 (9827-A)
Wisma Chubb
38 Jalan Sultan Ismail
50250 Kuala Lumpur
O +6 03 2058 3000
F +6 03 2058 3333
E Inquiries.MY@chubb.com
W www.chubb.com/my

10. Other types of Health and Medical cover available :

Please refer to our website : www.chubb.com/my

IMPORTANT NOTE :

YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS AND THAT THE PREMIUM PAYABLE UNDER THIS PLAN IS AN AMOUNT YOU CAN AFFORD. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.

This product disclosure sheet is prepared in both English and Bahasa Malaysia versions. In the event of any inconsistencies between the English and Bahasa Malaysia versions, the English version shall prevail.

Please be reminded that:

- you have a duty to take reasonable care to provide us or our intermediary with all relevant information in order for us to provide you with the most suitable financial products and by withholding any information which we or our intermediary request for, or providing inaccurate information, we may not be able to recommend you a suitable financial product to cater to your needs;
- you should read and understand the contract terms and discuss further with us or our intermediary if there are any terms that you do not understand, before accepting the policy contract.

By accepting the policy contract, you would acknowledge that our intermediary or Chubb personnel had explained to you clearly on the policy contract coverage and key contract terms, and that the policy contract offered is suitable for your insurance needs.

The information provided in this brochure is valid from 24/4/2020.

The information provided in this disclosure sheet is a brief summary for quick and easy reference. The exact terms and conditions that apply are stated in the policy contract.

CHUBB INSURANCE MALAYSIA BERHAD is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.