



IMPORTANT NOTE

Read this Product Disclosure Sheet before you decide to take up a **Tune Sihat Medical Insurance Plan**. Be sure to also read through the general terms and conditions.

1) What is this product about?

Tune Sihat is a plan that provides for hospitalisation and surgical expenses incurred due to incidents arising out of accident and illnesses.

This policy also covers:

- Hospital room and board from RM120 per day up to RM500 per day
- Second Surgical Opinion
- Outpatient Cancer Treatment and Outpatient Kidney Dialysis
- Overall Annual Limit from RM35,000 up to RM200,000 depending on plan

2) What are the covers / benefits provided?

- a) The benefits provided by Tune Sihat are shown in the Schedule of Benefit table.
- b) The coverage term for this plan is one (1) year. You need to renew your cover annually.

3) How much premium do I have to pay and how do I make the premium payment?

The total premium that you need to pay depends on your age next birthday, gender, occupation, health status and the selected plan of your choice.

However, this may vary depending on our underwriting requirements. Please refer to the premium table for standard risks premium.

Premium payment can be made via cash, credit/debit card, online banking and cheque.

4) What are the fees, charges and discount?

- a) Stamp Duty - RM10.00
- b) Commission - 15% of the premium amount.
- c) No Claim Discount - you will be rewarded with a 10% discount off your annual premium when no claim is made during the preceding policy year, applicable to Sections 1 and 2 only.
- d) Family Discount - a family discount of 10% is allowed on the Total Premium for families with at least 3 members, applicable to Sections 1 and 2 only.
- e) Service Tax - 6% of the premium amount

5) Will my premium increase as I get older?

Yes, your premium will increase as you get older.

6) What are some of the key terms and conditions that I should be aware of?

Importance of Disclosure

You must disclose all material facts such as your medical condition, occupation and your personal pursuits which would affect the risk profile and number of Medical and Health Insurance Policies that you have purchased with other insurance companies.

Consumer Insurance Contract

Pursuant to Section 129 and Para 5 of Schedule 9 of Financial Services Act 2013 or any amendments thereof, you have a pre contractual duty of disclosure and shall disclose all matters in this proposal form which you know or ought to know or reasonably expected to know which are relevant to the decision of the company to accept the risks or not and the rates and terms to be applied. Your duty of disclosure shall continue until the time the contract is entered into, varied or renewed.

Service Tax Clause

Please be informed that 6% Service Tax will be charged for all taxable general insurance policies.

Free Look 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.

Reinstatement

If your policy lapses due to non-payment of premiums, the benefits here under the terms of this policy may be reinstated with our consent. Such reinstatement shall only cover hospitalisation and surgery occurring subsequently. The waiting period will be re-applied from approval date of reinstatement.

Renewal

The renewal of premium rate for your policy is not guaranteed and we reserve the right to revise the premium rates applicable at the time of renewal.

The adjustment in cost of insurance if any, will aim to reflect our claim experience, cost of medical treatment, advancement in medical technology, etc.

Such charges, if any shall be applicable to all policy owners irrespective of their claim experience according to our risk assessment. The company cannot refuse the renewal of the policy, however shall reserve the right to modify the terms & conditions of cover upon renewal.

Portfolio Withdrawal Condition

The Company reserves the right to cancel the portfolio as a whole if it decides to discontinue underwriting this insurance product.

Cancellation of the portfolio as a whole shall be given within thirty (30) days by written notice to the Policyholder and the Company will run off all policies to expiry of the period of cover within the portfolio.

Deductibles

The levels of deductible available for this product are RM3,000, RM5,000, RM10,000 and RM20,000. We will reimburse the eligible expenses in excess of the deductibles in accordance to the terms and conditions of your policy. The amount of deductible will be borne by the Insured Person or where applicable, may be recovered from other hospital and surgical policy that you may have. The deductible is applicable to eligible medical benefits in Section 1 and 2 only.

You may select different levels of deductible for each Insured Person.

Upgraded Room & Board 20% Co-Payment

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

Claims Procedure

In the event of an admission or claim, kindly contact our appointed Managed Care Organisation at MICARES at 1-800-88-2678

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

7) What are the major exclusions under this policy?

Generally, the policy does not cover

- a) Pre-existing illness unless declared by the Insured Person and accepted by us in writing, on or prior to your policy issue date.
- b) Specified Illnesses occurring during the first 120 days of continuous cover from the issue date or the date of last reinstatement or date of last increase of benefit, whichever is later.
- c) 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.
- d) Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted 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 sanitarium 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.
- 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, bonesetting, 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 Person 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 list is non-exhaustive. Please refer to the policy contract for the full list of exclusions under this policy.

8) What is Pre-Existing Conditions?

Pre-existing Conditions 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 of 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.

9) What is Specified Illness?

Specified Illness means the following Disabilities and its related complications, occurring within the first one hundred and twenty (120) days of Insurance of the Insured Person:

- (a) Hypertension, diabetes mellitus and cardiovascular disease;
- (b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system 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) Vertebro spinal disorders (including disc) and knee conditions.

10) Can I cancel my policy?

You may cancel your policy at any time by giving a written notice to the Company. Upon cancellation, you are entitled to a certain amount of refund of the premium provided that you have not made a claim on the policy. Please refer to the policy contract for the terms and conditions under the policy.

11) What do I need to do if there are changes to my contact/personal details?

It is important that you inform us of any change in your contact details including your address or the address of your nominee and/or trustee, if any, to ensure that all correspondences reach you or your nominee and /or trustee in a timely manner.

12) Where can I get further information?

Should you require additional information about Medical and Health insurance, please refer to the insuranceinfo booklet available at all our branches or visit www.insuranceinfo.com.my.

If you have any enquiries, please contact us at:

Tune Protect Malaysia

Tune Insurance Malaysia Berhad

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IMPORTANT NOTE:

You are advised to satisfy yourself that this policy will best serve your needs. You should read and understand the insurance policy and discuss with the agent or contact our company directly for more information.

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

Tune Insurance Malaysia Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia. The information provided in this Product Disclosure Sheet is valid as at 31st March 2020.