



Tune Protect Malaysia

Tune Insurance Malaysia Berhad (30686-K)

Head Office

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Website: www.tuneprotect.com

SST Registration no. W10-1808-31039805

Welcome to Tune Protect Dental Easy

Thank **you** for insuring with **Tune Protect Dental Easy**. **You** can feel confident **you've** made the right choice. **Tune Protect Dental Easy** is provided by Tune Insurance Malaysia Berhad, one of Malaysia's leading insurance providers, so **you** can relax knowing **you're** with a company **you** can rely on.

- ✓ Your **Schedule**
- ✓ Any **endorsements**, which change **your** insurance cover as shown on **your Schedule**
- ✓ The **Certificate of Tune Protect Dental Easy**.

Please read all these documents carefully and keep them safe.

If **you** need to make a claim, or contact **us** to tell **us** about any changes, then **you** will need to refer to these documents. The Documents will be available for **you** to see and print at www.tuneprotect.com

Important Notice

Please be informed that Service Tax will be implemented by the Government of Malaysia with effect from 1 September 2018 at a rate of six (6) per centum.

The Company reserves the right to collect from you an amount equivalent to the Service Tax payable on the applicable premium for the policy period, or in the event that the policy period commences before but expires after 1 September 2018, to collect from you an amount equivalent to the Service Tax payable on the applicable premium calculated from 1 September 2018 on a pro-rated basis.

Your obligation to pay Service Tax shall form part of the Terms and Conditions in your insurance policy.

The laws governing Service Tax are as per the Service Tax Act, 2018 and all Regulations passed by the Government of Malaysia from time to time.





Tune Protect Dental Easy Policy

Whereas the Policyholder named in this Policy has applied to Tune Insurance Malaysia Bhd (called "The Company") for insurance herein described and has agreed to pay the premiums in advance provided that every proposal, declaration and statement made by the Policyholder shall be the basis of this contract and held as incorporated herein.

NOW THIS POLICY WITNESSETH that during the period of insurance, any extension or renewal, the Company shall settle on behalf of any person named in this Certificate for expenses incurred as dental treatment in accordance with the Plan as outlined under the Schedule of Benefits.

Definitions

- 1. GROUPS OR GROUP MEMBERS** shall mean all the members of an organisation, work-force or bona-fide subdivision of such organisation or work-force.
- 2. CHILD** shall mean all unmarried and unemployed children, children between ages of 1 year and 19 years of age or up to the age of 23 if registered as a full-time student at an educational institution.
- 3. INSUREDS OR INSURED PERSONS** shall mean those persons whose names appear on the policy schedule or whose names are added by endorsement.
- 4. POLICYHOLDER** shall mean a person or a body to whom the policy has been issued in respect of cover for persons specifically identified as Insured Persons in this policy.
- 5. PERIOD OF INSURANCE** shall mean dates and times stated in the policy and refers to the local times and dates in Malaysia.
- 6. POLICY YEAR** shall mean the one year period including the effective date of commencement of insurance and immediately following that date, or the one year period following the renewal of the policy.
- 7. RENEWAL OR RENEWED POLICY** shall mean a policy which has been renewed without any lapse of time upon expiry of a preceding policy with the same contract.
- 8. DENTIST** shall mean a person who is duly licensed or registered to practice dentistry in the geographical area in which a service is provided.
- 9. ELIGIBLE EXPENSES** shall mean medically necessary expenses incurred by the Insured with respect to a covered benefit but not exceeding the limits as stipulated in the Schedule of Benefits.
- 10. CLINICS** shall mean participating clinics registered with the Company.



Conditions

- 1. CONDITIONS PRECEDENT TO ANY LIABILITY** The Policyholder is to comply with the Terms, Conditions and Endorsements of this policy. The truth of the statements and the answers in the proposal, enrollment form shall be conditions precedent to any liability of the Company.
- 2. THE POLICY, CERTIFICATES AND ENDORSEMENTS ARE TO BE READ AS ONE CONTRACT.** If a special meaning is attached to any word or expression in this policy, the schedule or endorsement in this policy, the Certificate and endorsement, it will continue to bear such meaning throughout this contract.
- 3. OWNERSHIP OF POLICY** Unless otherwise expressly provided for by an endorsement in the policy, the Company shall be entitled to treat the Policyholder as the absolute owner of the policy. The Company shall not be bound to recognise any equitable or other claim or interest in the policy. The receipt of the policy or a benefit by the Policyholder (or by his Personal Representative) alone shall be an effective discharge of all obligations and liabilities of the company.

The Policyholder shall be deemed to be responsible Principal or Agent of the Insured persons covered under the policy.

- 4. GEOGRAPHICAL COVERAGE** The Benefits of this policy are applicable within Malaysia.
- 5. AGE LIMIT** No person shall be covered in this policy who has not attained the age of 1 year or has reached the age of 65 years.
- 6. ALTERATIONS** This Policy may be amended and changed by written agreement between the Policyholder and the Company. To be valid, any alterations or endorsements of this Policy must be approved by an authorised representative of the Company.
- 7. CHANGES AND NOTICES** The Company must be notified by the Policyholder in the event of a change of address or occupation of an Insured and pay an additional premium that may be required, otherwise claim of the Insured may not be valid.
- 8. CANCELLATION** The Company may cancel the Policy or cancel cover on any Insured Person within the group for failure to comply with the requirements of this policy by giving 30 days written notice to the Policyholder. In both cases, premium shall be refunded to the Policyholder for the cancelled part of the policy.

The Policyholder may cancel this policy at any time by giving immediate notice in writing to the company and provided no claims have been made or are pending, a refund premium shall be made within sixty (60) days.

Notwithstanding the above, no refund for cancellation of cover for any Insured Person will be allowed by the Company under the following circumstances:

- i.** A claim has been initiated during the policy period.
All refund premiums are calculated on a pro-rata "by the day" basis and is subject to a minimum premium of RM 5.00 per person for the period.
- 9. OTHER INSURANCE** The Insured shall inform the Company of any other insurance covering dental treatment in whole or in part during the term of this cover. Unless otherwise stated, the benefits recoverable hereunder shall be in excess of the benefits recoverable under such policy.



- 10. TERMINATION OF BENEFITS** The benefits under this policy shall terminate when the Schedule of Benefits have been exhausted (where applicable) or at midnight on the last day of this Policy. If an insured has been receiving treatment for a covered dental condition at the time of such termination, then the time of termination shall be extended until the Insured no longer requires such treatment, or the time the benefit for the treatment shall have been exhausted, whichever shall occur first.
- 11. UPGRADED POLICIES** If the Insured is undergoing treatment at the time the Policy is being upgraded, the Insured will continue to be entitled to the old benefits which are payable until completion of the treatment. In respect of new treatment commencing after the date Policy is upgraded, the Insured shall be entitled to indemnity under the upgraded Policy.
- 12. ARBITRATION** All differences arising out of this Policy shall be referred to an Arbitrator who shall be appointed in writing by the parties in difference. In the event they are unable to agree on who is to be the Arbitrator within one month of being required in writing to do so then both parties shall be entitled to appoint an Arbitrator each who shall proceed to hear the differences together with an Umpire to be appointed by both Arbitrators. However this is provided that any disclaimer of liability by the Company for any claim hereunder must be referred to an Arbitrator within twelve (12) calendar months from the date of such disclaimer.
- 13. RECORDS** In case of a Group policy, the Policyholder shall keep a record of all the group members and the Company reserves the right to inspect the record at any time.
- 14. LEGISLATION** The Policy is issued under the laws of Malaysia and is subject and governed by the laws prevailing in Malaysia. The indemnity provided by this Policy shall not apply in respect of judgements which are not in the first instance delivered by or obtained from a Court of competent jurisdiction within Malaysia, nor to orders obtained in the said Court for the enforcement of judgements made outside Malaysia whether by reciprocal agreement or otherwise.
- 15. MANAGED CARE ORGANISATION (MCO)** The company has engaged **UNIVERSAL MEDIDENT** (MCO) to administer and manage the dental scheme.

Exclusions

Unless cover is extended under this Schedule, the policy shall not cover:

1. Dental treatment for which payment is not required or which is payable by other insurance or indemnity covering the Insured.
2. Oral surgery requiring the setting of fractures and dislocations.
3. Dispensing of drugs for treatment of oral disease unless otherwise provided under the Schedule of Benefits.
4. Replacement of mislaid, lost or stolen denture or bridgework.
5. Replacement of existing prosthodontic appliances, unless the existing appliance cannot be made serviceable or within a 5 year period.



6. Dental treatments and supplies which, in accordance with accepted dental art standards, are not required from a dental viewpoint; or which are not recommended or approved by the attending dentist, or which are not accepted dental artsstandards.
7. Dental treatments performed mainly for aesthetic purposes, including the transformation or extraction and replacement of healthy teeth in order to modify appearance.
8. Dental treatments required following an injury that the Insured wilfully inflicted upon himself or herself, whether or not of sound mind, or participation in a real or apprehended insurrection.
9. Fees invoiced by a dentist for an appointment missed by an Insured or for the filling out of claim forms required by the Insured, or for additional information required by the Company; also for travel time, transportation costs and counseling provided by means of telecommunications.
10. Fees invoiced by a dentist for a treatment plan, either for extra time spent for explanations due to the complexity of the treatment, or when the diagnostic material comes from another source; for consultation with the insured; for consultation with another dentist.
11. Fees invoiced by a dentist for the analysis of an alimentary diet and recommendations for initial instructions as well as re-instruction in oral hygiene, and for a plaque control program; or for any protective athletic appliances.
12. Dental care related to implants except those provided under the Schedule of Benefits.
13. Any other dental service not specifically listed on the Schedule of Benefits.

SCHEDULE OF BENEFITS: **Tune Protect Dental Easy**

Category I : Restorations & Preventive Treatment
Amalgam / Composite fillings
Single surface
Two surfaces
Three surfaces
Dentine Pins – per pin
Class III
Class IV
Primary Teeth Single Surface Restoration Amalgam Or Composite
Primary Teeth Two/Three Surfaces Restoration Amalgam or Composite
Pulp Capping in deciduous teeth
Fissure Sealant – per teeth

Category I : Restorations & Preventive Treatment
Extractions
Anterior Teeth
Premolars
Molars
Primary Teeth – Anterior
Primary Teeth – Posterior
Scaling & Polishing (Payment limited to 1 visit in 12 months)
Scaling & Polishing (children up to age of 14, payment limited to 1 visit in 12 months)
Dressing Per Tooth (Temporary fillings)
Medication (Inclusive of basic antibiotic)
X-Ray



Category II : Root Canal Therapy and Surgical Extractions

Root Canal Therapy (RCT)

Single Root
Two Roots
Three Roots
Apicoectomy Anterior Tooth
Pulpectomy
(Root Canal Treatment on deciduous teeth)

Surgical removal of tooth

Removal Of Embedded Root
Wisdom tooth - Vertical Impaction
Wisdom tooth - Mesio-Angular Impaction
Wisdom tooth - Horizontal Impaction
Upper wisdom tooth

Category III : Treatment Of Acute Periodontal Infection *

Root Canal Therapy (RCT)

Gingival Curettage Per Visit
Periodontal Surgery Or Cautery Per Visit
** Maximum payable-1 visit per 6 months for first year of cover. Subsequent years benefit will be subject to review. Written report may be required.*

Category IV : Dental Prosthesis

Dentures +

Simple Acrylic Plate 1-2 teeth
Each Extra Tooth
Full Dentures Single Arch
Full Dentures Upper and Lower
Cast Partial Plate
Cast Full Upper or Lower
Denture Repair / Tooth Addition
Denture Reline Partial
Denture Reline Full
+ Qualifying Period – after 1 year of cover

Category V : Major Dental Work

Crowns & Bridges ++

Single Crown (Porcelain)
Bridge Porcelain Per Unit+++
Post & Core
Metal Full Crown Non- Precious
Re-cementing Crowns
++ Qualifying period – after 1 year of cover, limited to one unit per year.
+++ Max payable for bridge is 3 units of crown only.
X-rays must be provided for Crown & Bridge work.
Written approval from MediDent is required for crown & bridge work

Onlays

Non-Precious #
Gold Onlays #
Qualifying period - after 5 years of participation in the scheme under the Platinum plan

Orthodontics

Full Banding Upper and Lower ##
Qualifying period - after 5 years of participation in the scheme under the Platinum plan

Implants

Implants Per Tooth ###
Qualifying period - after 10 years of participation in the scheme under the Platinum plan



Complaints

If **you** have any complaint regarding **our** services rendered and/or to matters relating to this policy, **you** are advised to write to **our** Customer Complaint Unit. If **you** are still not satisfied with **our** response or decision, **you** may submit **your** complaint(s) which depending on its nature shall go to either one (1) of the following;

1. FINANCIAL MEDIATION BUREAU

Address : Level 14 Main Block, Menara Takaful Malaysia,
No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.
Telephone No. : +603 2272 2811
Fax No. : +603 2272 1577
Website : www.fmb.org.my

2. PENGARAH JABATAN LINK & PEJABAT WILAYAH

Address : Bank Negara Malaysia,
P. O. Box 10922,
50929 Kuala Lumpur.
Telephone No. : 1300-88-5465
Fax No. : +603 2174 1515
Email : bnmtelelink@bnm.gov.my