



PRO-Health Medical

Product Disclosure Sheet



IMPORTANT NOTE

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

Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if the Insured Person applied for this Insurance wholly for **purposes unrelated to the Insured Person's trade, business or profession**, the Insured Person had a duty to take reasonable care not to make a misrepresentation in answering the questions in the proposal form and where required by the Company, fully and accurately. The Insured Person shall also disclose any other matter that he/she knows to be relevant to the Company's decision in accepting the risks and determining the rates and terms to be applied. If the Insured Person fails to make such required disclosure, the contract may be avoided, claim denied or reduced, terms changed or varied, or contract terminated. **This duty of disclosure continued until the time the contract was entered into, varied or renewed.**

The Insured Person also has a duty to notify the Company immediately if at any time, after this Policy Contract has been entered into, varied or renewed with the Company, any of the information given for this Policy Contract is inaccurate or has changed.

1) What is this product about?

This is a standalone medical product which provides coverage for hospitalisation and surgical expenses incurred due to accident and illnesses covered under the policy. This product does not have any savings or investment aspects.

2) What are the coverage / benefits provided?

This policy covers:

BENEFIT	Plan A-30	Plan A-60	Plan B-100	Plan B-150
Section A In-Patient & Daycare Surgical Procedure				
Hospital Room and Board (per day up to 150 days)	RM150		RM250	
Intensive Care Unit (per day up to 50 days)	As Charged, subject to annual limit with reasonable and customary charges			
Pre-Hospital Specialist Consultation (within 60 days prior to hospitalisation and first time consultation only)				
Pre-Hospital Diagnostic Tests (60 days prior to hospitalisation)				
Ambulance Fees (by road only)				

Hospital Supplies & Services				
Surgical Fees (post-surgery care up to 60 days following date of discharge)				
Anaesthetist Fee				
In-Hospital Physician Visit (maximum 2 visits per day up 150 days)				
Operating Theatre				
Daycare Surgical Procedure (post surgery care up to 60 days after discharge)				
Medical Report	RM100		RM100	
Government Hospital Allowance	RM100/day, max 60 days		RM100/day, max 60 days	
Mosquito-Borne Disease Allowance (Dengue, Zika Virus Fever, Malaria, Chikungunya Fever, Japanese Encephalitis)	RM750		RM1,500	

Section B Out-Patient Treatment & Others

Post Hospitalisation Treatment (within 60 Days from hospital discharge)				
Out-Patient Physiotherapy Treatment (within 60 Days from hospital discharge)	As Charged, subject to annual limit with reasonable and customary charges			
Emergency Accidental Outpatient Treatment (within 24 hours of Accident, follow-up treatment up to 30 days from date of Accident)				
Alternative & Chiropractic Treatment	RM500		RM1,000	
Annual Limit (Section A + Section B)	RM30,000	RM60,000	RM100,000	RM150,000

Age eligibility for all plans is 18 years until 45 years of age on next birthday, and renewable until Insured Person is 65 years old on next birthday.

Duration of cover is for one year. You need to renew your policy annually. The policy is renewable at your option subject to the renewal terms and conditions at each Policy Anniversary.

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

The premium you have to pay vary depending on your choice of plan, annual limit, your age and our underwriting requirements.

The table below are the premium rates for the plans:

Age On Next Birthday (years)	Annual Gross Premium (RM)			
	Plan A-30	Plan A-60	Plan B-100	Plan B-150
18-20	447	493	516	600
21-25	598	658	691	804
26-30	598	658	691	804
31-35	621	683	756	880
36-40	815	895	997	1,097
41-45	991	1,088	1,282	1,336
46-50*	1,213	1,372	1,791	1,930
51-55*	1,505	1,765	2,253	2,422
56-60*	2,159	2,702	3,803	4,285
61-65*	2,806	3,513	4,948	5,577

* For renewing policies only

The premium rates above are not inclusive of RM 10 stamp duty, and is before the 15% rebate for direct online purchases.

The premium payable will be adjusted based on your age next birthday at Policy Anniversary. Renewal premium rates are not guaranteed, factors likely to result in premium adjustment on renewal are deteriorating claims experiences or product changes. We reserve the right to revise the premiums or benefits on Policy Anniversary by providing 30 days' written notice to you.

Premium payment can be made online via credit/debit card or online banking. This may change time to time, so please refer to the website or our mobile application for updated payment methods.

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

RM10.00 stamp duty for each policy.

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

Importance of Disclosure – Please refer to the Consumer Insurance Contract preamble. You have a duty to take reasonable care not to make a misrepresentation in answering the questions where required by us, fully and accurately. You shall also 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. If you fail to make such required disclosure, the contract may be avoided, claim denied or reduced, terms changed or varied, or contract terminated.

If there is inaccuracy or any change in the information given in the proposal form (or questionnaires answered when you applied for this insurance) after the policy contract has been entered into, please write to us immediately for advice.

Cooling-Off Period - you may cancel Your Policy by returning the Policy to us within fifteen (15) days from the date the Policy is sent to you. The premiums that you have paid will be refunded to you according to the terms and conditions of the policy.

Cash Before Cover - the full premium payable must be received by us before the plan can commence.

Waiting Period - the eligibility for benefit under this policy only starts one hundred and twenty (120) days for Specified Illness and thirty (30) days for any other causes after the Issue Date, except for covered Accident occurring after the Issue Date.

Switching between plans or from a different insurance company – if you switch your current plan to another, or from one insurance company to another, new terms and conditions plus new underwriting requirements may be applied which may be less favourable. It is advisable to check with your insurance company before making a final decision.

Territorial Limits – within Malaysia. Overseas treatment is available to Malaysian citizens only, subject to the terms and conditions of the policy.

Claims – If an illness or accident occur which gives rise to a claim, you shall notify us within 30 days of the illness or accident.

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

6) What are the major exclusions under this policy?

This policy does not cover any hospitalization, surgery or charges caused directly or indirectly, wholly or partly, by any of the following occurrences:

1. Pre-existing illness prior to policy issue date.
2. Specified Illnesses occurring during the first one hundred and twenty (120) days of continuous cover.
3. Any medical or physical conditions arising within the first thirty (30) days following the Issue Date, except for Bodily Injury due to accidental causes.
4. 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.
5. 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.
6. 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, except those specifically covered in this policy
7. Any Treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
8. Pregnancy, pregnancy related condition or its complications, 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.

9. 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.
10. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
11. 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.
12. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
13. 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.
14. 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 acupuncture, acupressure, reflexology, bone setting, herbalist Treatment, massage or aromatherapy or other alternative Treatment (other than the alternative treatments covered in the Alternative & Chiropractic Treatment benefit).
15. 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.
16. Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations) and any and any other conditions classified under the "Diagnostic and Statistical Manual of Mental Disorders (DSM-IV Codes)' as published by American Psychiatric Association.
17. 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
18. 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.
19. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
20. Expenses incurred for sex changes.
21. Biological or chemical contamination.

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?

You may cancel the policy at any time by giving written notice to us. Upon cancellation, any refund of the premium would be based on the conditions stipulated in the policy contract.

8) What do I need to do if there are changes to my contact details?

It is important that you inform us of any changes in your contact details to ensure all correspondence reach you in a timely manner.

9) Where can I get further information?

Should you require additional information about Medical and Health insurance, please refer to the insurance info booklet on 'Medical & Health Insurance', available at all our branches or visit <http://www.insuranceinfo.com.my>.

If you have any enquiries, please contact us at:

Tune Protect Malaysia

Tune Insurance Malaysia Berhad

Company No: 197601004719 (30686-K)

Level 9, Wisma Tune,

No. 19 Lorong Dungun, Damansara Heights,

50490, Kuala Lumpur,

Malaysia.

Tel No: 1800 88 5753

Fax: 03-20941366

E-mail: hello.my@tuneprotect.com

Website: www.tuneprotect.com

10) Other type of similar insurance cover available

Tune Sihat Hospitalisation & Surgical Insurance.

IMPORTANT NOTE:



You should satisfy yourself that this policy will best serve your needs. You should read and understand the insurance policy and contact the insurance 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 19th April 2021.