

## Additional Information Sheet – Dental Benefit

This document serves to provide additional product information, complementing the Quotation and Product Disclosure Sheet.

### Your Coverage/Benefits

This plan provides **reimbursement** for **Eligible Dental Expenses** incurred for treatments or services provided by a Dentist during the coverage period of the Rider.

#### 1. What are the covers/ benefits provided?

(i) The benefits provided are shown in the table below:

Dental Benefit rider		Plan 1 (RM)	Plan 2 (RM)
	<b>Overall Annual Limit</b>	400	300
<b>a.</b>	<b>Basic Treatments</b>		
	Filling	As charged, subject to Reasonable & Customary Charges*	
	Extraction		
	Dressing		
	Medication		
	IOPA X-ray		
	Root Canal Treatment		
<b>b.</b>	<b>Gum Treatments</b>		
	Gingival Curettage	As charged, subject to Reasonable & Customary Charges*	
<b>c.</b>	<b>Preventive Treatments</b>		
	Dental Check-up and Consultation	As charged, subject to Reasonable & Customary Charges*	
	Scaling and Polishing		
<b>d.</b>	<b>Complex Treatments</b>		
	Wisdom Tooth Surgery	As charged, subject to Reasonable & Customary Charges*	
	Surgical Removal of Roots		
	Periodontal Surgery		
<b>e.</b>	<b>Dentures</b>		
	Partial or Full Dentures	As charged, subject to Reasonable & Customary Charges*	
<b>f.</b>	<b>Restorative Treatments</b>		
	Capping, Crowns & Bridges	As charged, subject to Reasonable & Customary Charges*	

\* Reasonable and Customary Charges based on Private HealthCare Facilities and Services (Private Hospitals and Other Private HealthCare Facilities) Regulations 2006 of Malaysia, including any subsequent amendment(s) or enactment of it.

(ii) The coverage term for this Rider is 1 year. You need to renew Your cover annually.

#### 2. What are the major exclusions and limitations under this plan?

(i) This plan shall not pay any benefit arising from or accelerated by directly or indirectly, wholly or partly, any 1 of the following:

- i. dental treatment for which payment is not required or which is payable by other insurance or indemnity covering the Insured Member; or

- ii. oral Surgery requiring the setting of fractures and dislocations and others not specifically provided under the Schedule of Benefits; or
- iii. dispensing of drugs for treatment of oral Disease unless otherwise provided under the Schedule of Benefits;
- iv. replacement of mislaid, lost or stolen of denture or bridgework and other prosthetic device; or
- v. replacement of existing prosthodontic appliances more than 5 years, unless the existing appliance cannot be made serviceable or is Medically Necessary; or
- vi. 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 arts standards; or
- vii. dental treatments performed mainly for aesthetic purposes including the transformation or extraction and replacement of healthy teeth in order to modify appearance; or
- viii. prosthetic services (including bridges and crowns) started prior to the Eligibility Date; or
- ix. expenses for the initial placement of a complete or partial denture or for fixed bridgework if it involves the replacement of one or more natural teeth missing or lost prior to the Eligibility Date; or
- x. dental treatments required following an Injury that the Insured Member willfully inflicted upon him or herself, whether or not of sound mind; or
- xi. fees invoiced by a Dentist for an appointment missed by an Insured Member or for the filling out of claim forms required by the Insured Member or for additional information required by Us; also for travel time, transportation costs and counselling provided by means of telecommunications; or
- xii. 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 Member for consultation with another Dentist; or
- xiii. fees invoiced by a Dentist for the analysis of an alimentary diet and recommendations for initial instructions as well as reinstructions in oral hygiene and for a plaque control program; or for any protective appliances or dental related product/supplies; or
- xiv. dental care related to implants except those provided under the Schedule of Benefits; or
- xv. treatment provided by non-Panel Dental Clinics unless specifically provided under the Schedule of Benefits; or
- xvi. any other dental service not specifically listed under the Schedule of Benefits; or
- xvii. war, riot, rebellion, insurrection, civil commotion, explosion of war weapons, terrorism related activity, active duty in any armed forces, direct participation in strikes, nuclear war, biological and chemical warfare/ activities.

**Note: This list is non-exhaustive. Please refer to the Supplementary Contract for the complete terms and conditions under this plan.**

## Your Obligations

### 1. How much premium do I have to pay?

The total premium that You have to pay and the Rider terms may vary depending on Our underwriting requirements.

- (i) The annual premiums for the benefit based on standard risk are shown below:

Group Hospitalisation & Surgical Optional Rider		
Dental Benefit rider <sup>1</sup>	Plan 1 (RM)	Plan 2 (RM)
Per Insured Member	150.00	80.00

<sup>1</sup> Age 65 to 74 is for renewal only.

**Note: Please refer to the Supplementary Contract for the complete terms and conditions under this plan.**