

Additional Information Sheet – Allianz EliteChoice (Group Hospitalisation and Surgical Scheme)

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

Your Coverage/Benefits

This plan provides **insurance coverage upon Hospitalisation and Surgical events** during the coverage period of the Policy.

1. What are the covers/ benefits provided?

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

Group Hospitalisation & Surgical		RB600 (RM)	RB400 (RM)	RB250 (RM)	RB200 (RM)	RB150 (RM)	RB100 (RM)
	Hospital Room and Board	600	400	250	200	150	100
	Overall Annual Limit	500,000	300,000	120,000	60,000	40,000	20,000
A) Hospitalisation & Surgical Benefit							
1	Hospital Room and Board (subject to a maximum of 250 days per Policy Year)	600	400	250	200	150	100
2	Intensive Care Unit (subject to a maximum of 50 days per Policy Year)	As charged. Subject to Reasonable and Customary Charges*					
3	Hospital Supplies and Services						
4	Surgical Fees						
5	Anaesthetist Fees						
6	Operating Theatre Fees						
7	In-Hospital Physician Visit (subject to a maximum of 250 days per Policy Year and subject to maximum 2 visits per day)						
8	Pre-Hospitalisation Diagnostic Tests (within 180 days prior to hospitalisation)						
9	Pre-Hospitalisation Specialist Consultation (within 180 days prior to hospitalisation)						
10	Second Surgical Opinion (within 180 days prior to hospitalisation)						
11	Ambulance Fees (results in hospitalisation)						
12	Organ Transplant Treatment						

13	Day Care Procedure / Surgery							
14	Daily Cash Allowance for Non-Mental Illness Admissions at Government Hospital (subject to a maximum of 250 days per Policy Year)		500	350	250	200	150	100
15	Medical Report Fee		As charged, up to maximum of RM500 per Policy Year					
16	Miscarriage Benefit		1,200 per Policy Year					
17	In-Patient Mental Illness		10,000 per Policy Year					
B) Post-Hospitalisation Benefits								
1	Post-Hospitalisation Treatment (within 180 days from discharged, with physiotherapy coverage)		As charged. Subject to Reasonable and Customary Charges*					
2	Home Nursing Care (subject to a maximum of 250 days per Policy Year)							
3	Out-Patient Kidney Dialysis Treatment							
4	Out-Patient Stroke Treatment							
5	Alternative Treatment							1,800 per Policy Year
C) Out-Patient Treatment Benefits								
1	Accidental Dental Treatment (within 24 hours after the Accident and follow-up treatment up to 180 days)		As charged. Subject to Reasonable and Customary Charges*					
2	Accidental Out-Patient Treatment (within 24 hours after the accident and follow-up treatment up to 180 days)							
3	Out-Patient Dengue or Enteric Fever Treatment							
4	Emergency Sickness Out-Patient Treatment (10pm to 8am)		100 per Policy Year					
D) Cancer Treatment Benefits								
1	Out-Patient Cancer Treatment		As charged. Subject to Reasonable and Customary Charges*					
2	Genomic Test for Cancer							
E) Other Benefits								
1	Intraocular Lens	Monofocal (non toric) lens	As charged, subject to Reasonable and Customary Charges*					
		Non-						3,000 per Policy Year

		Monofocal (toric) lens	
2	Emergency Evacuation		10,000 per Policy Year
3	Funeral Expenses (all causes)		10,000
4	Health Screening		100 per Policy Year

* 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 plan 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 except for Funeral Expenses benefit, arising from or accelerated by directly or indirectly, wholly or partly, any 1 of the following:

- i. Pre-Existing Conditions occurring during the Waiting Period, whether disclosed to Us or not. This shall include any cross over Waiting Period admission where the admission date falls within the Waiting Period and the admission continues until after the Waiting Period, in which case the entire Disability is not payable; or
- ii. Specified Illnesses occurring during the Waiting Period, whether or not caused by an Accident. This shall include any cross over Waiting Period admission where the admission date falls within the Waiting Period and the admission continues until after the Waiting Period, in which case the entire Disability is not payable; or
- iii. any Disability arising during the Waiting Period except for Accidental Injuries. This shall include any cross over Waiting Period admission where the admission date falls within the Waiting Period and the admission continues until after the Waiting Period, in which case the entire Disability is not payable; or
- iv. plastic/ cosmetic Surgery or treatment including but not limited to double eyelids, acne, keloids, scars, skin tags, gynaecomastia, diffused alopecia/ hair loss, or treatment of their complications; or
- v. circumcision unless Medically Necessary for the treatment of a Disease; or
- vi. any corrective treatment for refractive errors including but not limited to Orthoptics, Visual Stimulation, Radial Keratotomy, Lasik, Intralase, Zyoptics, Phakic IOL implant or intra-ocular lenses replacement Surgery; or
- vii. all corrective glasses or contact lenses, except monofocal intraocular lenses in cataract Surgery. Expenses incurred for contact lens, use of cosmetic topically/ orally/ surgical procedures and any complications arising therefrom; or
- viii. the use or acquisition of all types of external prosthetic, external appliances, or corrective devices, including but not limited to artificial limbs, hearing aids, pacemakers, braces, aero chambers and equipment for nebulising, Continuous Positive Airway Pressure (CPAP), Continuous Ambulatory Peritoneal Dialysis (CAPD), orthopedic pads, implantable cardiac defibrillator (ICD), cochlear implants, and any prescriptions thereof or therefor, except for the rental of such equipment, devices or appliances provided by the Hospital for use during Hospitalisation only, subject to the limits as specified in the Schedule of Benefits; or
- ix. dental conditions including dental treatment or oral Surgery (except as necessitated by Accidental Injuries as specified in the Accidental Dental Treatment Clause to sound natural teeth occurring wholly during the period of cover); or
- x. private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal Disease and its sequelae, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related Diseases or its sequelae, and any communicable Diseases requiring quarantine by law; or
- xi. any treatment or assessment for Congenital Conditions, hereditary or developmental conditions, deformities and any Disability or complications arising therefrom including but not limited to childhood hernias/ hydrocele (all hernias up to Age of six (6) are not covered), clubfoot, Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Thalassemia, Squint, Haemangioma, etc; or
- xii. pregnancy, childbirth (including surgical delivery), miscarriage (except any miscarriage of below twenty eight (28) weeks due to Accidental causes under this Policy coverage), voluntary abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility and erectile dysfunction and tests or treatment related to impotence or sterilisation; or
- xiii. any care or diagnostic tests or treatment which is not Medically Necessary, has not been established as being effective or which is experimental or treatment which have not been recognized and approved by Ministry of

- Health of Malaysia. This exclusion includes but is not limited to stem cell treatment, related workout and any complications arising thereafter and blood surety; or
- xiv. hospitalisation primarily for investigatory purposes, routine physical examinations, health check-ups, preventive treatments and diagnostic tests not incidental to treatment or diagnosis of a covered Disability; or
 - xv. treatment for Injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind-altering substance, or suicide, attempted suicide or intentionally self-inflicted injury while sane or insane; or
 - xvi. 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; or
 - xvii. effects from radiation or contamination by radioactivity from any source; or
 - xviii. expenses incurred for donation of any body organ by the Insured Member and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications; or
 - xix. investigation and treatment of sleep and snoring disorders, hormone therapy and hormone replacement therapy (except for surgically induced menopause), surgical treatment specifically for weight reduction or gain, hyperhidrosis, etc.; or
 - xx. alternative therapy comprising alternative treatment, medical services or supplies, including but not limited to Acupuncture, Acupressure, Chiropractic, Osteopathy, Reflexology, Bone Setting, Massage, Aroma Therapy, Herbal, Podiatric, Dietetic consultation and treatment, education services/therapies and Traditional Complementary Medicine; or
 - xxi. care or treatment for which payment is not required or which is payable to an extent by any other insurance or indemnity covering the Insured Member and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract; or
 - xxii. psychotic, psychiatric, mental or nervous disorders, including any neuroses and their physiological or psychosomatic manifestations (except for benefits as specified in the In-Patient Mental Illness Clause); or
 - xxiii. costs/ expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities and other ineligible non-medical items, except for the following items:
 - a. medical record fees;
 - b. insurance billing fees/billing service/billing insurance;
 - c. insurance processing fees;
 - d. administration fees;
 - e. admission fee; and
 - f. admission kit/pack
 incurred during Hospitalisation only; or
 - xxiv. 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, winter sports, professional sports and illegal activities; or
 - xxv. private flying other than in any commercial scheduled airlines licensed to carry passengers over established routes; or
 - xxvi. expenses incurred for sex changes; or
 - xxvii. speech and occupational therapy when not part of a rehabilitation program following Hospitalisation due to trauma, unless it is a follow-up to an In-Patient Disability which shall then be subject to its relevant limit; or
 - xxviii. any preventive supplements/ supplies including but not limited to the following:
 - a. vitamins/ supplements, herbal cures, anti-obesity/ weight reducing agents, eye lubricants and any over the counter purchases except prescribed medicines; and
 - b. soaps, shampoos, cleansers, vitamin creams, vitamin ointment, moisturisers, lubricants, anti-aging, fairness treatment and any other product having similar effects.

Note: This list is non-exhaustive. Please refer to the Policy 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 Policy terms may vary depending on Our underwriting requirements.

(i) The annual premiums for the benefit, based on standard risk excluding Managed Care Fee, are shown below:

Group Hospitalisation & Surgical ^{1, 2}	RB600 (RM)	RB400 (RM)	RB250 (RM)	RB200 (RM)	RB150 (RM)	RB100 (RM)
Cashless						
Employee only	2,463.00	1,752.00	1,144.00	789.00	489.00	386.00
Employee & Spouse	6,157.50	4,380.00	2,860.00	1,972.50	1,222.50	965.00
Employee & Child	6,157.50	4,380.00	2,860.00	1,972.50	1,222.50	965.00
Employee & Family	9,852.00	7,008.00	4,576.00	3,156.00	1,956.00	1,544.00
Reimbursement						
Employee only	2,217.00	1,577.00	1,030.00	710.00	440.00	347.00
Employee & Spouse	5,542.50	3,942.50	2,575.00	1,775.00	1,100.00	867.50
Employee & Child	5,542.50	3,942.50	2,575.00	1,775.00	1,100.00	867.50
Employee & Family	8,868.00	6,308.00	4,120.00	2,840.00	1,760.00	1,388.00

¹ Age 65 to 74 is for renewal only.

² 50% premium loading for occupation class 4.

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