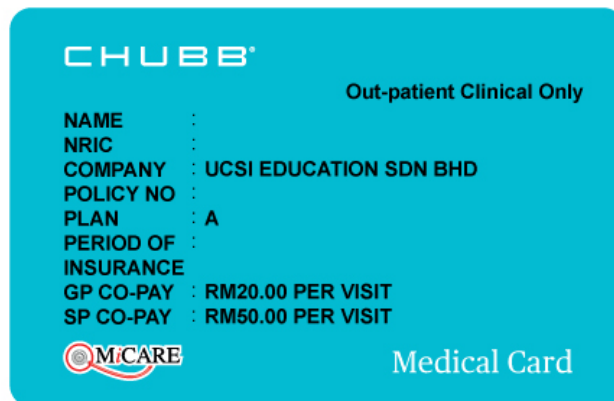


Group Hospital & Surgical Policy ("Policy")

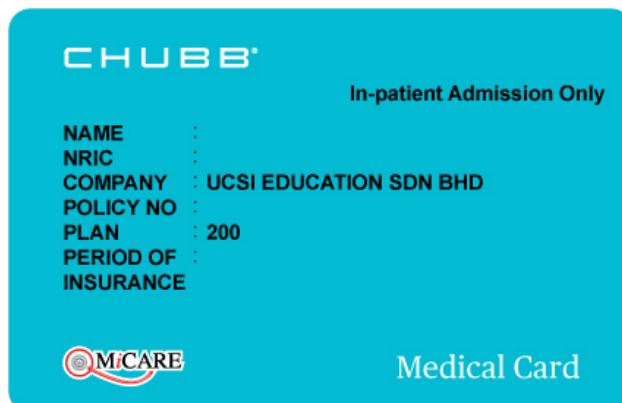


Thank you for insuring with Chubb Insurance Malaysia Berhad (*formerly known as ACE Jerneh Insurance Berhad*) ("Chubb"). Please note that this handbook is for guidance only and it is not to be relied on in the event of a claim. Kindly refer to the policy document for the full terms and conditions of the benefits as well as what you are covered and not covered for. In the event of inconsistency or difference between the wordings, the policy document shall prevail. Chubb shall not be liable to pay for any claim based on any inaccurate statements, errors and/or mistakes found in this Handbook. A copy of the policy document can be obtained from the International Office of the University.

For your convenience, we have designed two (2) different Medical Cards for you to present it to the attending medical officer or nurse during your visit to our panel clinic for consultation and treatment as well as panel hospital for admission. The following is how the 2 Medical Cards look like:



Medical Card for Panel Clinic



Medical Card for Panel Hospital

Please be reminded that the Medical Cards given by us do not by itself serve as a guarantee payment from us under the Policy. Your claim is payable by us only if the terms and conditions under the Policy are fulfilled and it is not excluded by the Policy. For the full list of our panel clinics and panel hospitals please log on to <http://www.uciuniversity.edu.my/admission/international/listing.aspx>. You may have already received the 2 Medical Cards by now, if you are not or if there is an error on any of your Medical Cards, please contact the International Office of the university.

Schedule of Benefits

Benefit Summary

Out-Patient Benefits

Outpatient General Practitioner Benefit	Plan 200 (in Ringgit Malaysia ("RM"))
I. Panel General Practitioner Clinic	
<ul style="list-style-type: none"> ▪ Routine Consultation ▪ Medication ▪ Injection ▪ Diagnostic Lab / X-Ray Procedures ▪ Outpatient Surgical Procedures 	As charged (Co-payment 20 per visit)
II. Non-Panel General Practitioner Clinic	
<ul style="list-style-type: none"> ▪ Emergency Accident 	Full Reimbursement
<ul style="list-style-type: none"> ▪ Emergency Sickness - between 10pm to 8am only 	On Reimbursement (Co-payment 25 per visit)
<ul style="list-style-type: none"> ▪ Overseas treatment for Emergency Accident 	40 (On Reimbursement Basis)
<ul style="list-style-type: none"> ▪ Overseas treatment for Emergency Sickness (between 10pm to 8am only) 	40 (On Reimbursement Basis)
Overall Annual Limit (I & II)	500
Outpatient Specialist Benefits	
Specialist Visit (with referral from Panel General Practitioner)	On Reimbursement (Co-payment 50 per visit)
Overseas Specialist Visit (with referral from General Practitioner) – limited to cover student’s country of origin only	150 per visit On Reimbursement Basis (Co-payment 50 per visit)
Overall Annual Limit (Outpatient Specialist Benefits)	1,500

In-patient Benefits

Group Hospital & Surgical	(in RM)
(a) Hospital Room & Board (Private/Government)	
(i) Ordinary Room (max up to 180 days)	200
(ii) Intensive Care Unit (max up to 30 days)	350
(b) Hospital Supplies and Services	As charged
(c) Surgical Fees	As charged
(d) Anaesthetist Fees	As charged
(e) Operating Theatre Fees	As charged
(f) Daily In-Hospital Physician Visit (up to 180 days)	As charged
(g) Daycare Procedure (Surgical / Medical) (inclusive all incidental costs)	As charged
(h) Pre-Hospital Diagnostic Services (max 60 days prior to Hospitalization)	As charged
(i) Pre-Hospital Specialist Consultation (max 60 days prior to Hospitalization)	As charged
(j) Post-Hospitalization Treatment (within 60 days from discharge)	As charged
(k) Second Surgical Opinion (max 60 days prior to Hospitalization)	As charged
(l) Ambulance Fees	As charged
(m) Emergency Accidental Out-Patient Treatment (within 24 hours up to 60 days)	As charged
(n) Emergency Dental Treatment (within 24 hours up to 14 days)	As charged
(o) Medical Report Fee	100
(p) Emergency Sickness Treatment (Between 10:00pm to 8:00am)	100
(q) Daily Cash Allowance at Malaysian Government Hospital (max 180 days)	60
(r) Overall Maximum Limit for Malaysian Government Hospital Admission	20,000
Overall Limit Per Disability (a to r)	20,000
Extended Benefits	
(a) Reimbursement of Tuition Fees (Maximum per disability per semester)	10,000
(b) Compassionate Visitation Benefit (Maximum per disability)	5,000
Long Term Care Benefit	
(a) Annual Outpatient Kidney Dialysis	10,000
(b) Annual Outpatient Cancer Treatment	10,000

Major Exclusions

No benefit shall be payable for any of the following services, products or conditions or injuries resulting from:

- Plastic / Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
- 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.
- 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 (Human Immunodeficiency Virus) related diseases, and any communicable diseases requiring quarantine by law.
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- 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.
- 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.

(For full list of exclusions, please refer to the policy document.)

Key terms and conditions that you should be aware of

- Importance of disclosure — Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for yourself / family / dependents, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately. Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance. The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us. In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to 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. You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

Frequently Asked Questions

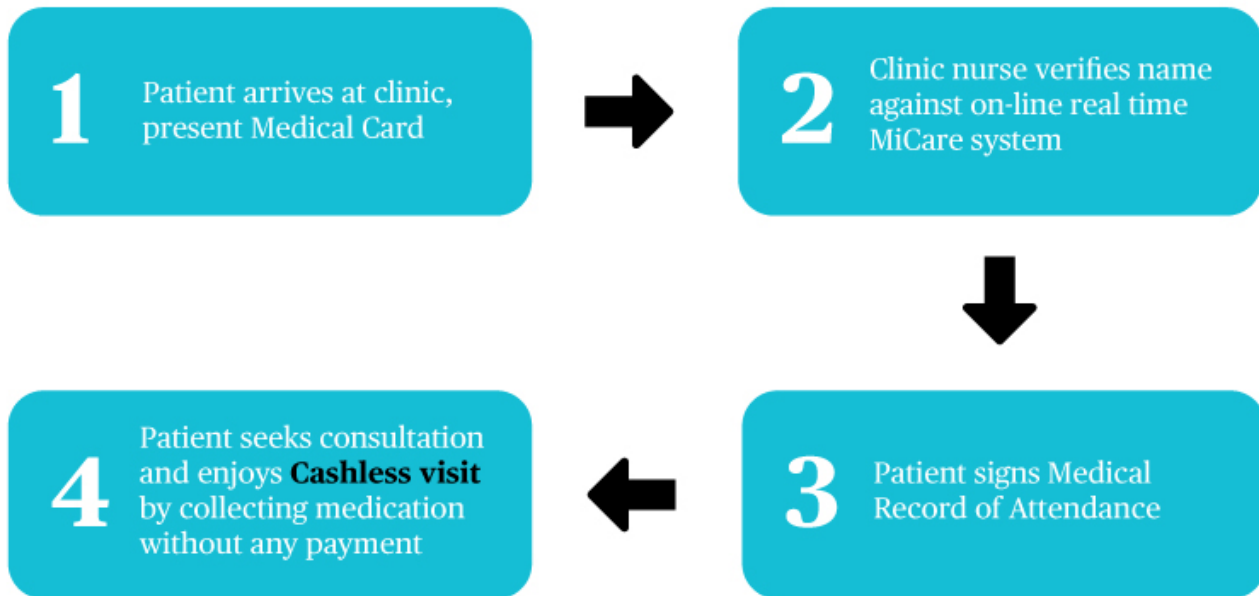
1. What should I do if I lose my Medical Card?

A: Please inform the International Office immediately and arrange for a card replacement. We will charge RM10.00 as card replacement fee except for each replacement except for stolen card (supported with police report). In an unlikely event that you need to use the medical card before the replacement card is issued, please make the payment first and submit your claim to us by following the steps provided in the answer to question number 6.

2. What should I do when I visit a panel clinic for consultation and/or treatment?

A: You just need to follow a few simple steps as follows:

Outpatient – Panel Clinic (GP)



Caution

Patient is required to make payment when:

1. The claim has exceeded his or her Benefits entitlement
2. The claim is not covered under the Policy

*MiCare is our third party claim administrator.

3. Am I covered under the Policy if I visit a non-panel clinic for consultation and/or treatment?

A: For a non-panel clinic consultation and/or treatment either happened in local or overseas, we will only cover you for Emergency Sickness between 10:00pm to 8:00am or Emergency Accident.

*Please note that Emergency shall mean treatment needed under the conditions:

a) Between the hours of 12am and 6am; or

b) In the event whereby immediate medical attention is required within twelve (12) hours of Injury, Illness or symptoms which are sudden and severe failing which will be life-threatening (e.g. accident and heart attack), or lead to significant deterioration of health permanently.

4. Since I cannot use my medical card in a non-panel clinic for emergency situation, what should I do?

A: It is very simple. You just have to follow the steps provided in the answer to question number 6.

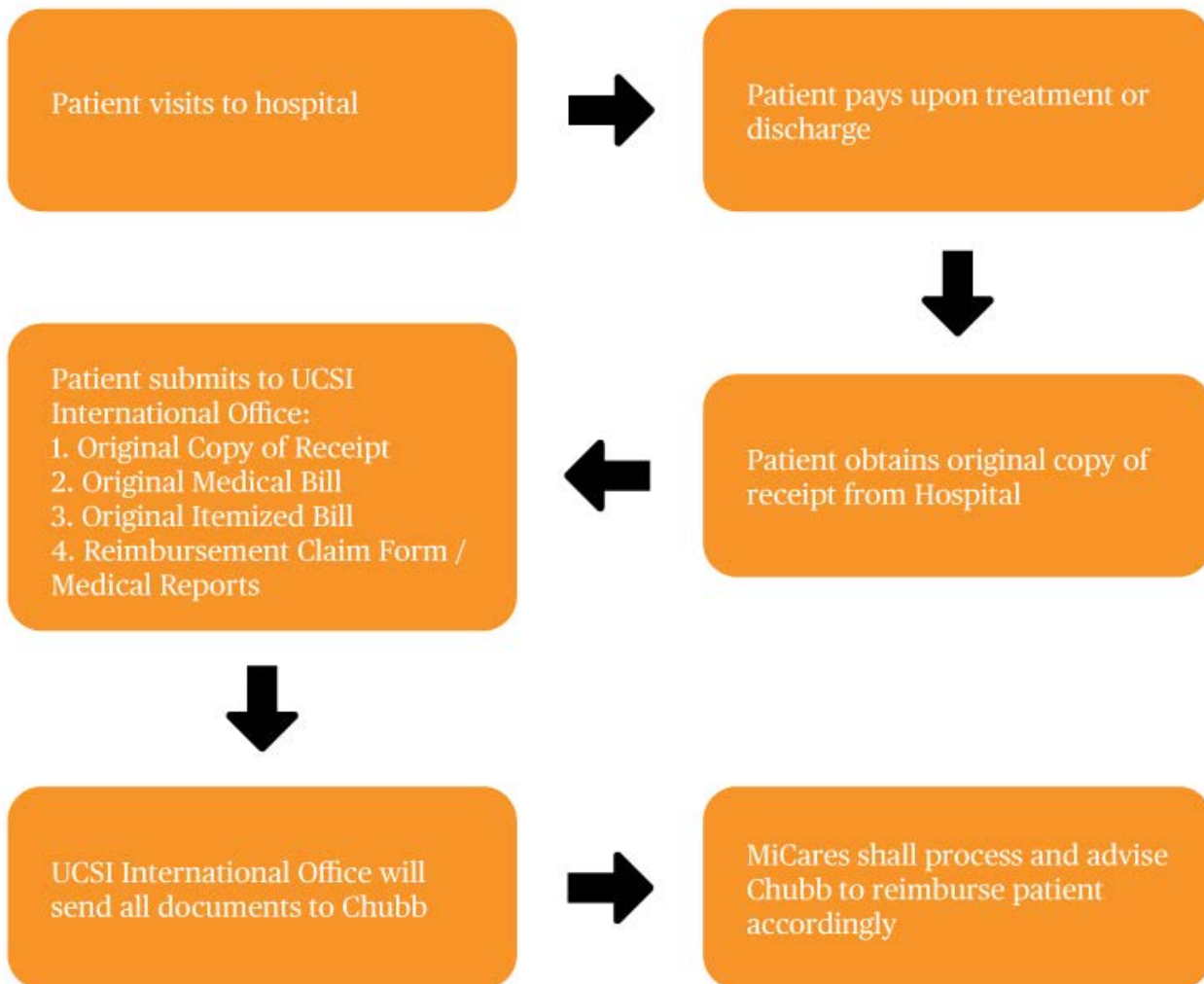
5. For the visit to the clinic, is there a limit as to how much I can claim for?

A: There is no such limit but co-payment may apply depending on the situation and the total claims are subject to a maximum annual limit of RM 500.00 as provided in the Schedule of Benefits.

6. What should I do when I visit a hospital or specialist (regardless whether it is our panel or not) for outpatient treatment?

A: You just need to follow a few simple steps for reimbursement claim as follows:

Reimbursement Claim



7. What should I do if I have to admit to a hospital?

A: In an unfortunate event that you have to admit to a hospital, please opt for a panel hospital if you do not want to file a reimbursement claim. You just need to follow a few simple steps as follows:

- (a) Produce your Passport (Foreigner) or Identity Card (Malaysian), Referral Letter (if any) & Medical Card for Panel Hospital to a selected panel hospital;
- (b) The hospital will then communicate with MiCare to perform the necessary verification;
- (c) Once it is verified, a guarantee letter or decline letter will be issued depending on the condition;
- (d) If a guarantee letter is issued, you may proceed to admit to the hospital;

- (e) During discharge, the hospital will prepare and send the bills and the necessary documents to MiCare;
- (f) Micare will issue a final guarantee letter if everything is in order;
- (g) You shall pay for all charges not covered under the Policy;
- (h) If a decline letter is issued, you will have to pay the medical fees and submit your claim for us to review.

8. Can I still submit my claim if I was admitted to a non-panel hospital?

A: Yes, please follow the steps provided in the answer to question number 6.

9. What is the procedure for reimbursement claim?

A: You shall within 30 days of disability that incurs claimable expenses, give written notice to the International Office stating the full particulars of such event, including all original bills and receipts, and a full Physician's report stipulating the diagnosis of the condition treated and the date the disability commenced in the doctor's opinion and the doctor's summary of the cost of treatment including medicines and services rendered. Please complete and sign the Claim Form provided by us and return the same to the International Office of the university together with all the necessary supporting documents for your claim. You are advised to keep a copy of all documents sent to us.

Enquiries or Complaints

If you have any enquires or complaints in relation to our services and/or matters relating to the Policy, you are advised to contact us at:

Chubb Insurance Malaysia Berhad (9827-A)
Wisma Chubb,
38 Jalan Sultan Ismail,
50250 Kuala Lumpur.
O +6 03 2058 3000 F +6 03 2058 3333
E Inquiries.MY@chubb.com
MunHar.Geng@chubb.com
Felicia.Teh@chubb.com

In the event you are not satisfied with our decision, you can refer the matter to Ombudsman for Financial Services ("OFS") or Bank Negara Malaysia. For their contact details, please refer to the policy document.