



SIRIM
CERTIFIED TO MS ISO 9001:2000
Registration No. AR0934
MI-UW-F040
REV: A

k-Healthcare Lady

The perfect choice for ladies



Underwritten by



Kurnia Insurans (Malaysia) Berhad (44191-P)

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This pamphlet contains the essential features, limitations, conditions and exclusions of Kurnia Insurans (Malaysia) Berhad (KIMB) medical insurance product, to allow you to make an informed decision before purchasing the product. The content of this pamphlet is printed according to the Guidelines of Medical and Health insurance business. It will provide a meaningful guide for you to determine if the product meets with your requirement and to compare with other product so that you are fully aware that the premium paid is an amount you can afford.

Note : This brochure is for brief description only. The full details of the plan are to be found in the policy.



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THE PERFECT CHOICE FOR LADIES!!

Life can be demanding and very hectic for a woman and yet Health cannot be neglected.

With **K- Healthcare Lady**, you have the flexibility to choose the ideal medical plan that best suits your needs.

YOU ARE OFFERED CHOICE OF PLANS WITH OR WITHOUT OUT-PATIENT CLINICAL BENEFIT

YOU CAN ENJOY GENEROUS ADDITIONAL BENEFITS

Protection against female illnesses:

- Female Cancer includes almost all types of female related cancers.
- Accidental Facial / Dental covers facial reconstructive surgery and sound natural teeth sustained from accident.
- Pregnancy Complications arising from your moments of motherhood.
- Maternity Death provides a lump sum amount for death caused by pregnancy complications

Additional benefits:

- Second Surgical Opinions covers charges for the second opinion sought for the necessity of an operation.
- Major Medical provides increased annual limits on top of the Overall Annual Limit for a range of conditions.
- Death / Permanent Total Disablement due to accident.

RENEWAL

Renewal is up to age sixty five (65) at the option of the Policyholder, thereafter at the discretion of the Company up to seventy (70) or upon expiration of the lifetime limit, at the premium rate applicable at the time of renewal provided the Company continues to transact this insurance product.

Application for change of benefits to a higher plan can only be made on renewal and is subject to acceptance by the Company upon renewal.

TAX RELIEF

Annual premium paid for any of the medical insurance plan will qualify you for income tax relief up to an additional RM 3,000.

SCOPE OF COVER

Worldwide, 24 hours coverage.

ELIGIBILITY

Enrolment age from 19 years old up to 65 years old. Renewal is up to age 65 at the option of the Policyholder, thereafter at the discretion of the Company up to 70 and provided that you are enrolled before 61 years old.

ANNUAL PREMIUM TABLE ON AGE NEXT BIRTHDAY (RM)

Section A : With Hospitalisation & Surgical Option

Age / Plan	KHL-100	KHL-150	KHL-200	KHL-250	KHL-400	KHL-600
19 - 25	378	427	484	590	735	855
26 - 35	505	574	649	786	961	1,109
36 - 45	606	687	784	952	1,173	1,365
46 - 55	780	898	1,039	1,267	1,584	1,859
56 - 60	989	1,170	1,375	1,707	2,179	2,583
61 - 65	1,267	1,517	1,788	2,221	2,850	3,392
66 - 70 (Renewal Only)	1,694	2,064	2,445	3,024	3,920	4,704

Section A & B : With Hospitalisation & Surgical & Out-Patient Clinical Benefit Option

Age / Plan	KOL-100	KOL-150	KOL-200	KOL-250	KOL-400	KOL-600
19 - 25	661	710	767	873	1,018	1,138
26 - 35	788	857	932	1,069	1,244	1,392
36 - 45	889	970	1,067	1,235	1,456	1,648
46 - 55	1,063	1,181	1,322	1,550	1,867	2,142
56 - 60	1,272	1,453	1,658	1,990	2,462	2,866
61 - 65	1,550	1,800	2,071	2,504	3,133	3,675
66 - 70 (Renewal Only)	1,977	2,347	2,728	3,307	4,203	4,987

Notes:

- The above Annual Premium Table Rates are applicable for standard health and physical status and decision to adjust the premium or impose certain restrictions on coverage or reject the application is subject to health declaration and findings of each individual.
- Renewal premium will be automatically adjusted if entering into the next age group.

CHOICE OF PLAN

K- Healthcare Lady

SCHEDULE OF BENEFIT						
SECTION A : BENEFIT / PLAN	KHL-100 (RM)	KHL-150 (RM)	KHL200 (RM)	KHL-250 (RM)	KHL-400 (RM)	KHL-600 (RM)
IN-HOSPITAL BENEFITS						
Maximum Per Disability						
Accommodation :						
Hospital Room & Board (daily max up to 150 days)	100	150	200	250	400	600
Intensive Care Unit, ICU (daily max up to 20 days)	Full Reimbursement					
Medical & Surgical Procedures :						
Surgical Fees (including post-surgery care up to 60 days from date of surgery)	Full Reimbursement					
Operating Theatre						
Anaesthetist Fee						
Pre-Hospital Diagnostic Tests & Specialist Consultation (31 days prior to admission)						
In-Hospital Physician Visit (daily max up to 150 days)						
Post-Hospitalization Treatment (within 60 days from date of discharge)						
Hospital Supplies & Services						
Prescribed Medicines (within 150 days during hospitalization and 60 days after discharge)						
Ambulance Fees						
OUT-OF-HOSPITAL BENEFITS						
Out-Patient Benefits :						
Annual Out-Patient Kidney Dialysis Treatment	20,000	25,000	35,000	40,000	50,000	60,000
Annual Out-Patient Cancer Treatment	20,000	25,000	35,000	40,000	50,000	60,000
Emergency Accidental & Dental Out-Patient Treatment (seek treatment within 24 hours and follow-up within 31 days)	Full Reimbursement					
Out-Patient Physiotherapy Treatment (within 60 days from discharge)						
EXTENDED BENEFITS						
Organ Transplant (per lifetime limit)	Full Reimbursement					
Daily-Cash Allowance At Government Hospital (up to 150 days)	50	60	70	80	90	100
Medical Report	50	50	50	50	50	50
Second Surgical Opinions	50	50	70	70	100	150
Government Service Tax	5% of Hospital Room & Board Eligible Expenses Reimbursable					
SPECIAL BENEFITS						
AIDS (per lifetime limit)	5,000	5,000	5,000	10,000	10,000	10,000
Home Nursing	5,000	5,000	6,000	8,000	8,000	10,000
Female Cancer (per lifetime limit)	5,000	5,000	5,000	5,000	5,000	5,000
Accidental Facial / Dental Cosmetic (per lifetime limit)	2,500	3,500	5,000	6,500	8,000	10,000
Pregnancy Complications	5,000	6,000	7,000	8,000	9,000	10,000
Maternity Death	10,000	15,000	20,000	25,000	30,000	35,000
OVERALL ANNUAL LIMIT	50,000	70,000	90,000	110,000	130,000	150,000
DOUBLE OVERALL ANNUAL LIMIT FOR ACCIDENTAL INJURY WHILST TRAVELING OVERSEAS	100,000	140,000	180,000	220,000	260,000	300,000
MAJOR MEDICAL (per lifetime limit)	10,000	15,000	20,000	25,000	30,000	35,000
LIFETIME LIMIT	150,000	210,000	270,000	330,000	390,000	450,000
PERSONAL ACCIDENT BENEFITS						
Accidental Death	10,000	15,000	20,000	25,000	30,000	35,000
Permanent Total Disablement Due To Accidental Injury	10,000	15,000	20,000	25,000	30,000	35,000
Bereavement Benefit On Accidental Death Only	1,500	1,500	1,500	1,500	1,500	1,500

SECTION B : BENEFIT / PLAN	KOL-100	KOL-150	KOL-200	KOL-250	KOL-400	KOL-600
OUT-PATIENT CLINICAL BENEFITS (OPTIONAL)						
Out-Patient GP Care (in the Physician's office or clinic)	Panel - Co-payment RM 5 per visit - Unlimited number of visits per annum					
Medication	Non-Panel - Reimburse up to 80% of the actual charges or maximum RM 20 per visit, subject to emergency basis only					
Out-Patient Specialist Care (in the Physician's office or clinic)	Co-payment RM 5 per visit up to RM 100 per visit (inclusive of co-payment) subject to referral by panel clinics only (reimbursement basis)					
Preventive Screening For Annual Pap Smear Or Prostate Specific Antigen	Full Reimbursement at panel GP clinics only					
OVERALL ANNUAL LIMIT	RM 1,500					
LIFETIME LIMIT	RM 4,500					

SPECIAL PROVISION AND CONDITIONS

UPGRADED ROOM AND BOARD CO-PAYMENT

If you are hospitalized at a Room & Board rate which is higher than your eligible benefit, you shall bear 20% of the other eligible benefits described in the Schedule of Benefit.

WAITING PERIOD

No benefit shall be payable for any illness occurred or contracted during the first 30 days of the effective date of this insurance for the first year Policy, except for accident.

COOLING-OFF PERIOD

If this Policy shall have been issued and for any reason whatsoever you shall decide not to take up the Policy, you may return the Policy to the company for cancellation provided such request is delivered to the company within fifteen (15) days from the date of delivery of the Policy. You are entitled to the return of the full premium paid less deduction of medical expenses incurred by the company in the issue of the Policy.

BENEFITS LIMIT

Benefits payable in respect of expenses incurred for treatment provided to you shall be limited to the REASONABLE AND CUSTOMARY CHARGES for the treatment provided, benefit limit and overall annual limit stated in the Schedule of Benefit.

PREMIUM

The annual premium payable is based on the Schedule of Benefit. The premium is charged according to your age next birthday at entry, health status, occupation, etc. and our fees for administering this class of insurance.

PERIOD OF COVER AND RENEWAL PREMIUM

This Policy shall become effective as of the date stated in the Schedule. The Policy Anniversary shall be one year after the effective date and annually thereafter. The renewal premiums payable is not guaranteed and the Company reserves the right to revise the premium rate applicable at the time of renewal. Generally, if the health status has been good, the premium in future Policy years will increase by your attained age according to the age band.

RESIDENCE OVERSEAS AND OVERSEAS TREATMENT

This Policy gives you protection whilst you are at overseas for 90 days on business or vacation. However, no benefits shall be payable if the intention is to seek treatment overseas whilst treatment is available locally.

MAJOR EXCLUSIONS

These plans do not cover pre-existing illness and specified illnesses (as defined below), exclusions including but not limited to psychotic mental or nervous disorders, congenital abnormalities, hereditary conditions, hospitalization primarily for investigatory purposes, investigation and treatment of sleep and snoring disorder, expenses incurred for sex changes, suicide/attempted suicide and self-inflicted injury. For full listing of exclusions, please refer to the policy.

"PRE-EXISTING ILLNESS" shall mean:

Disabilities that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

- the Insured Person had received or is receiving treatment;
- medical advice, diagnosis, care or treatment has been recommended;
- clear and distinct symptoms are or were evident; or
- its existence would have been apparent to a reasonable person in the circumstances.

"SPECIFIED ILLNESSES" shall mean:

The following disabilities and its related complications, occurring within the first 120 days of Insurance of the Insured Person:

- Hypertension, diabetes mellitus and cardiovascular disease
- All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system
- All ear, nose (including sinuses) and throat conditions
- Hernias, haemorrhoids, fistulae, hydrocele, varicocele
- Endometriosis including disease of the reproduction system
- Vertebro-spinal disorders (including disc) and knee conditions.