

## Now you can plan smart with our protection plan

- **Guaranteed Policy Renewal**  
*Pembaharuan Polisi Dijamin*
- **Renewal up to age 75**  
*Pembaharuan Polisi sehingga umur 75 tahun*
- **Higher Overall Annual Limit**  
*Keseluruhan Had Tahunan Yang Lebih Tinggi*
- **Hospital Room & Board up to 365 days**  
*Bilik & Makanan Hospital sehingga 365 hari*
- **ICU up to 365 days**  
*Unit Rawatan Rapi sehingga 365 hari*
- **More Comprehensive benefits**  
*Kemudahan Lebih Komprehensif*
- **No Co-insurance**  
*Tiada Ko-insurans*
- **Family and Single Parent plans**  
*Pelan Keluarga dan Ibu Bapa Tunggal*

D I S T R I B U T E D B Y

 Registered Agent of PanGlobal Insurance Berhad	MEDICAL INSURANCE
FOR ASSISTANCE OR MORE INFO	
CALL OR VISIT	<b>(03) 5638 6889</b> WWW.IHM.COM.MY

Or contact our servicing agent:

This brochure is a brief description only. For exact details on terms and conditions, please refer to your policy contract. E. & O.E.



# IHM RISK PROTECTION

Plan smart, freedom at heart

PanGlobal  
INSURANCE

**SCHEDULE OF BENEFITS / *Jadual Faedah***

**GLH-120**

**GLH-150**

**GLH-200**

**GLH-250**

**GLH-450**

**GLH-CHILD**

Section 1 - Hospital & Surgical Benefit / <i>Seksyen 1 - Faedah Perubatan &amp; Pembedahan</i>	INDIVIDUAL <i>(Each Adult / Proposer / Spouse)</i>				CHILD <i>(Each Child)</i>				INDIVIDUAL <i>(Each Adult / Proposer / Spouse)</i>				CHILD <i>(Each Child)</i>				INDIVIDUAL <i>(Each Adult / Proposer / Spouse)</i>				CHILD <i>(Each Child)</i>				INDIVIDUAL <i>(Each Adult / Proposer / Spouse)</i>				CHILD <i>(Each Child)</i>															
<b>Hospital Benefit / <i>Faedah Perubatan</i></b>																																												
1. Hospital Room & Board (daily maximum) / <i>Bilik &amp; Makanan Hospital (had harian)</i>	120				120				150				150				200				200				250				250				450				450				200			
2. Intensive Care Unit (daily maximum) / <i>Unit Rawatan Rapi (had harian)</i>	As Charged / <i>Seperti Yang Dicaj</i>																																											
3. Lodger (daily maximum) / <i>Penginap (had harian)</i>	NIL				120				NIL				150				NIL				200				NIL				250				NIL				450				200			
4. Govt. Hospital Daily Cash / <i>Elaun Tunai Harian Hospital Kerajaan</i>	100				100				100				100				150				150				200				200				200				150							
5. Govt. Service Tax / <i>Cukai Perkhidmatan Kerajaan</i>	5% On The Hospital Room & Board / <i>5% Ke Atas Bilik &amp; Makanan Hospital</i>																																											
6. Medical Report Fees (limit per disability) / <i>Yuran Laporan Perubatan (had setiap penyakit)</i>	75				75				75				75				75				75				75				75				75				75							
7. Operating Theatre / <i>Bilik Pembedahan</i>																																												
8. Hospital Supplies & Services / <i>Perkhidmatan &amp; Bekalan Hospital</i>	As Charged / <i>Seperti Yang Dicaj</i>																																											
<b>Surgical Benefit / <i>Faedah Pembedahan</i></b>																																												
9. Pre-hospitalisation Diagnostic Services (within 31 days preceding admission) / <i>Ujian Diagnostik Pra-hospital (dalam jangka masa 31 hari sebelum kemasukan)</i>	As Charged / <i>Seperti Yang Dicaj</i>																																											
10. Surgical Fees / <i>Yuran Pembedahan</i>	(Subject to prevailing relevant Schedule of Fees for Medical Services)																																											
11. Anaesthetist Fees / <i>Yuran Pakar Bius</i>	(Subject to prevailing relevant Schedule of Fees for Medical Services)																																											
<b>Non-Surgical Benefit / Other Professional Fees / Services / <i>Kemudahan Yang Tidak Melibatkan Pembedahan / Yuran Profesional Lain / Perkhidmatan</i></b>																																												
12. Pre-hospitalisation Specialist Consultation (within 31 preceding confinement) / <i>Rundingan Pakar Pra-hospital Sebelum Masuk Hospital (dalam jangka masa 31 hari sebelum kemasukan)</i>	As Charged / <i>Seperti Yang Dicaj</i>																																											
13. In-hospital Physician's Fees (daily maximum) / <i>Yuran Pakar Perubatan Di Hospital (had harian)</i>	As Charged / <i>Seperti Yang Dicaj</i>																																											
14. Post-hospitalisation Treatment (within 60 days after discharge) / <i>Rawatan Selepas Keluar Hospital (dalam jangka masa 60 hari selepas keluar hospital)</i>	As Charged / <i>Seperti Yang Dicaj</i>																																											
<b>Emergency / Out-patient Services / <i>Kecemasan / Kemalangan Pesakit Luar</i></b>																																												
15. Ambulance Fees (per disability) / <i>Yuran Ambulans (had setiap penyakit)</i>	200				200				200				200				200				200				200				300				300				200							
16. Accidental Out-patient Treatment (within 24 Hrs & follow-up treatment for 31 days) / <i>Rawatan Pesakit Luar Akibat Kemalangan (dalam jangka masa 24 Jam &amp; rawatan seterusnya selama 31 hari)</i>	As Charged / <i>Seperti Yang Dicaj</i>																																											
17. Accidental Dental Treatment (within 24 Hrs & follow-up treatment for 31 days) / <i>Rawatan Pergigian Akibat Kemalangan (dalam jangka masa 24 Jam &amp; rawatan seterusnya selama 31 hari)</i>	As Charged / <i>Seperti Yang Dicaj</i>																																											
18. Day Surgery / Day Care / <i>Pembedahan Harian / Jagaan Harian</i>																																												
19. Home Nursing Care (daily) / <i>Khidmat Jururawat di rumah (harian)</i>	100				100				100				150				150				200				200				200				200				100							
<b>Section 2 : Extended Benefit / <i>Seksyen 2 : Faedah Kelebihan</i></b>																																												
20. Annual Out-patient Cancer Treatment / <i>Rawatan Kanser Pesakit Luar</i>																																												
21. Annual Kidney Dialysis Treatment / <i>Rawatan Buah Pinggang Pesakit Luar Tahunan</i>	12,000				6,000				12,000				6,000				42,000				12,000				42,000				12,000				48,000				24,000				12,000			
22. Out-patient Physiotherapy Treatment (within 60 days from discharge) / <i>Rawatan Fisioterapi Pesakit Luar (dalam 60 hari selepas keluar hospital)</i>	As Charged / <i>Seperti Yang Dicaj</i>																																											
23. Organ Transplant (once per lifetime) / <i>Pemindahan Organ (sekali seumur hidup)</i>	12,000				6,000				12,000				6,000				42,000				12,000				42,000				12,000				48,000				24,000				15,000			
24. In-patient Mental Illness (per year) / <i>Rawatan Sakit Jiwa Dalam Hospital (sekali setahun)</i>	500				NIL				500				NIL				750				NIL				750				NIL				1,000				NIL				NIL			
<b>Overall Annual Limit / <i>Had Tahunan</i></b>	60,000				60,000				85,000				85,000				110,000				110,000				130,000				130,000				185,000				185,000				60,000			
<b>Lifetime Limit / <i>Had Seumur Hidup</i></b>	180,000				180,000				255,000				255,000				330,000				330,000				390,000				390,000				555,000				555,000				180,000			
<b>Section 3 : Personal Accident Benefits / <i>Seksyen 3 : Faedah Kemalangan Peribadi</i></b>																																												
25. Accidental Death & Permanent Disablement / <i>Kematian &amp; Kecacatan Kekal Akibat Kemalangan</i>	20,000				5,000				50,000				5,000				100,000				10,000				130,000				15,000				200,000				30,000				50,000			
26. Burial / Cremation Allowance / <i>Pengebumian / Elaun Persemadianaan</i>	2,000				2,000				2,000				2,000				2,000				2,000				2,500				2,500				4,000				3,000				2,000			

Total Annual Premium For Section 1 & 2 (age band) / <i>Jumlah Premium Tahunan Untuk Seksyen 1 &amp; 2 (lingkungan umur)</i>	INDIVIDUAL <i>INDIVIDU</i>				SINGLE PARENT <i>IBU BAPA TUNGGAL</i>				FAMILY <i>KELUARGA</i>				CHILD <i>ANAK</i>				INDIVIDUAL <i>INDIVIDU</i>				SINGLE PARENT <i>IBU BAPA TUNGGAL</i>				FAMILY <i>KELUARGA</i>				CHILD <i>ANAK</i>				INDIVIDUAL <i>INDIVIDU</i>				SINGLE PARENT <i>IBU BAPA TUNGGAL</i>				FAMILY <i>KELUARGA</i>				CHILD <i>ANAK</i>				INDIVIDUAL <i>INDIVIDU</i>																																			
30 days - 19 years (Additional premium above 3 lives / <i>Premium tambahan bagi orang ketiga keatas</i> )	N/A				N/A				N/A				199				N/A				N/A				N/A				222				N/A				N/A				N/A				250				N/A				N/A				290				N/A				N/A				N/A				356				356							
19 years - 25 years	273				597				846				N/A				300				655				923				N/A				403				695				1,231				N/A				455				734				1,395				N/A				598				1,180				1,736				N/A				N/A			
26 years - 35 years	320				628				907				N/A				350				688				989				N/A				483				853				1,269				N/A				497				969				1,430				N/A				617				1,195				1,766				N/A				N/A			
36 years - 45 years	407				704				1,061				N/A				450				776				1,166				N/A				564				933				1,429				N/A				589				1,051				1,595				N/A				804				1,340				2,057				N/A				N/A			
46 years - 55 years	514				841				1,335				N/A				573				932				1,477				N/A				727				1,055				1,672				N/A				791				1,179				1,850				N/A				1,007				1,621				2,618				N/A				N/A			
56 years - 60 years	720				1,129				1,910				N/A				808				1,258				2,129				N/A				966				1,325				2,213				N/A				1,043				1,466				2,424				N/A				1,429				2,319				4,013				N/A				N/A			
61 years - 65 years*	1,100				1,533				2,718				N/A				1,232				1,658				3,067				N/A				1,397				1,746				3,417				N/A				1,502				1,863				3,984				N/A				1,837				2,933				5,243				N/A				N/A			
66 years - 70 years*	1,637				2,585				4,823				N/A				1,815				2,652				5,060				N/A				2,097				2,794				5,297				N/A				2,256				2,888				5,378				N/A				3,086				3,617				6,609				N/A				N/A			
71 years - 75 years*	1,964				3,102				5,787				N/A				2,178				3,130				5,971				N/A				2,516				3,297				6,250				N/A				2,707				3,407				6,347				N/A				3,703				4,340				7,931				N/A				N/A			

Global Health offers Family and Single Parent plans. / *Global Health menawarkan plan untuk Keluarga & Ibu Bapa Tunggal.*

\* Renewal only & subject to terms & conditions. / *Pembaharuan sahaja & tertakluk kepada terma & syarat-syarat.*

**WHAT IS NOT COVERED** These plans do not cover pre-existing conditions/illnesses, psychotic mental or nervous disorders, maternity related treatments, congenital abnormalities, hospitalisation primarily for investigatory purposes, investigation and treatment of sleep and snoring disorders, expenses incurred for sex changes, AIDS and HIV related diseases, plastic/cosmetic surgery (except when specifically included in writing). **"COOLING-OFF" PERIOD** If this policy has been issued and for any reason whatsoever should you decide not to take up the policy, you may return the policy to us for cancellation provided such request for cancellation is delivered by you to us within fifteen (15) days from the date of issue of the policy. You are entitled to the return of the full premium paid minus the medical expenses incurred by PANGLOBAL INSURANCE BERHAD in the issue of the policy.

In the event of any inconsistency, the English version shall prevail.

**PERKARA YANG TIDAK DILINDUNGI** Pelan-pelan ini tidak melindungi keadaan/penyakit yang sedia ada, gangguan mental psikotik atau saraf, rawatan berkaitan melahirkan anak, kecacatan sejak lahir, rawatan hospital khusus untuk tujuan penyiasatan, penyiataan dan rawatan bagi gangguan tidur dan berdengkur, perbelanjaan bagi pertukaran jantina, penyakit berkaitan AIDS dan HIV dan pembedahan plastik/kosmetik (kecuali apabila dimasukkan khususnya dalam tulisan). **TEMPOH "PERTIMBANGAN"** Jika polisi ini telah dikeluarkan dan atas sebarang sebab-sebab lain anda mengambil keputusan untuk tidak mengambil polisi ini, anda boleh memulangkan polisi kepada kami untuk pembatalan dengan syarat permohonan untuk pembatalan diserahkan oleh anda kepada kami dalam masa lima belas (15) hari dari tarikh pengeluaran polisi. Anda berhak untuk mendapat jumlah penuh premium yang telah dibayar tolak perbelanjaan yang ditanggung oleh PANGLOBAL INSURANCE BERHAD dalam pengeluaran polisi. Sekiranya terdapat kemusykilan, versi Bahasa Inggeris akan digunapakai.

**INDIVIDUAL / *INDIVIDU*** : Refers to Proposer or Spouse only. / Merujuk kepada Pencadang atau Pasangan sahaja.

**SINGLE PARENT / *IBU BAPA TUNGGAL*** : Refers to Proposer and maximum 3 children only. / Merujuk kepada Pencadang dan maksimum 3 anak sahaja.

**FAMILY / *KELUARGA*** : Refers to Proposer, Spouse & maximum 3 children only. / Merujuk kepada Pencadang, Pasangan dan maksimum 3 anak sahaja.

**CHILD / *ANAK*** : Refers to Child standalone only. / Merujuk kepada polisi untuk seorang Anak sahaja.

