

OUTPATIENT CLINICAL BENEFITS QUOTATION
COMPANY NAME : T.B.C.

Benefits/Plan Coverage

Date :

Description of Benefits	Plan A
<i>Outpatient GP Care (in the Physician's office or clinic)</i> <ul style="list-style-type: none"> • Consultation • Medication • Diagnostic Test 	Full Reimbursement
<i>Outpatient Specialist Care (in the Physician's office or clinic)</i> <ul style="list-style-type: none"> • Consultation • Medication • Diagnostic Test (for accidental injury only) 	RM100 per visit subject to referral by panel clinic only
Overall Annual Limit Per Person	RM 1500

Annual Premium	Plan A
Per Person	RM 373

Terms & conditions

The premium quoted is provisional subject to outpatient medical expenses or claims for last 3 years and is based on the following understanding:

- Group size between 10 – 100 employees.
- If claims ratio exceed 80%, we reserve the right to adjust premium accordingly.
- Restricted to panel (GP and Specialist) clinic only. If non-panel, reimburse 80% of the actual charges up a limit specified i.e RM 20 (GP) / RM50 (Specialist) per visit subject to emergency basis only. Kurnia reserve the right to call for the medical record if there is any dispute in bills, if necessary
- The insured undertake to fully indemnify KIMB for any non-claimable expenses and an amount exceeding the eligible limit stated in the Policy.
- The Outpatient Clinical Benefits is provided subject to GHS is also taken up with KIMB.
- Exclusions – as per attached
- The quotation is valid for 30 days from the date of this letter.

EXCLUSIONS

This policy does not cover any out-patient clinical treatment or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

1. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, aero chambers, equipment from nebulising, implanted pacemakers and prescriptions thereof.
2. 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.
3. 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 related diseases, and any communicable diseases required quarantine by law.
4. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
5. Pregnancy, child birth (including surgical delivery), miscarriage, abortion, 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.
6. Consultation 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 necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
7. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
8. War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
9. Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
10. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.
11. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
12. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
13. 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 requiring breathing apparatus, winter sports, professional sports and illegal activities.
14. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.

15. Long term medications for the following conditions are excluded: **Arthritis, Asthma, High Blood Pressure, Coronary Artery Disease, Cerebrovascular Disease, Cerebrovascular Accident, Diabetes Mellitus, Epilepsy, Gout, Hyperlipidemia, Parkinson, Peptic Ulcer, Psoriasis and Thyroid.**
16. Personal comfort and convenience items (e.g. soaps, shampoos, vitamin creams and vitamin ointment) or services and similar incidental services and supplies, durable medical equipment including supplement medication even though prescribed by a physician.
17. Upper and lower jaw bone surgery (including that related to the temporomandibular joint) except for direct treatment of acute traumatic injury or cancer. Orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
18. Services and supplies for smoking cessation programs and the treatment of nicotine addiction.
19. Services rendered by a provider with the same legal residence as an Insured Person or who is a member of a Insured Person's family, including spouse, brother, sister, parent or child.
20. Education services such as speech improvement, diabetic classes and nutritional services, or group support services, unless authorized by the Company.
21. Out-patient prescribed or non-prescribed medical supplies including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; over the counter drugs and treatments.
22. Any preventive vaccination or childhood immunization (unless specifically included in the Schedule of Benefit).
23. Topical skin testing at a GP clinic.
24. General screening profiles at a GP clinic (unless specifically included in the Schedule of Benefit).
25. Growth hormone therapy.
26. Out-patient physical therapy, physiotherapy and/or rehabilitation therapy is not covered and cannot be referred at general practitioner level. This service would only be covered when referred by a specialist and treatment must be provided by a registered physiotherapist (applicable if specialist care is covered)

Important notice:

- i) Product Disclosure Sheet (PDS) can be obtained through our website www.kurnia.com. You are advised to read this PDS before you decide to sign up for this policy.