

**Great Medic Shield 2 (Plan Code: H223 – H224)****Plan Name** : Great Medic Shield 2 美满医保护 2

Plan Name	Product Abbreviation	Plan Code
Great Medic Shield 2	GMS2D-150	H223
Great Medic Shield 2	GMS2D-200	H224

Launch Date : 18 July 2022

**PLAN DESCRIPTION**

1. This is an individual non-participating stand-alone, yearly renewable comprehensive medical insurance policy.
2. Premium may be renewable up to the age of 99 years next birthday.
3. Annual premium chargeable in any policy year depends on the attained age next birthday of the life assured at renewal.
4. Benefits provided are subjected to individual annual limits, as stated in the Schedule of Benefits.
5. This plan is subject to Medical and Health Insurance (MHI) guideline.
6. Stamp duty of RM10 will be collected from policyholder at NB stage and upon every renewal at policy anniversary (CS).

**BENEFITS**

1. **Death Benefit / Total and Permanent Disability (TPD) Benefit / Maturity Benefits / Survival Benefits**  
Not applicable

2. **Medical Benefits**

In the event of expenses incurred on the insured due to accident or illness (subject to exclusions) or any other covered eventuality, the plan will reimburse such expenses, up to the maximum number of days and limits according to the plan purchased as stated in the Schedule of Benefits.

Whilst, in the event of expenses incurred on the insured where the expenses is claimed from other medical plans from other companies or within Great Eastern (“the Company”), the co-insurance and/or deductible of other medical plans from other companies or within the Company which to be imposed on the Life Assured can be claimed from this plan, up to the limits and sub-limits according to the plan purchased as stated in the Schedule of Benefits.

- a) **Co-insurance**

Co-insurance is not applicable for this plan

- b) **Waiting Period**

The eligibility for insured benefits due to illness will only start 30 days after the Risk Commencement Date of this plan. For specified illnesses, 120 days waiting period shall apply.

Specified Illnesses means the following disabilities and its related complications, occurring within the first 120 days from the Risk Commencement Date:

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- a) Hypertension, diabetes mellitus and Cardiovascular Disease;
- b) All tumours, cancers, cysts, nodules, polyps;
- c) Stones of the urinary system and biliary system;
- d) All ear, nose (including sinuses) and throat conditions;
- e) Hernias, haemorrhoids, fistulae, hydrocele, varicocele;
- f) Diseases of the Reproduction system including endometriosis;
- g) Vertebro-spinal disorders (including disc) and knee conditions.

### **c) Deductible Amount**

Please refer to the Schedule of Benefits for the deductible amount available. Deductible for Great Medic Shield 2 is per any one disability, which means the Company will reimburse the total eligible expenses incurred for insured benefits (2) to (14) accumulated per any one disability, in excess of the deductible amount.

**The Schedule of the Benefits is described as follows.**

No.	Insured Benefits	Plan Type	
		GMS2D-150 (RM)	GMS2D-200 (RM)
1	<b>Deductible Amount (per disability)</b>	300	300
2	<b>Hospital Room and Board</b> (Limit per day, no limit on the number of days)	150	200
3	<b>Intensive Care Unit</b> (Subject to a maximum of 200 days per policy year)	As charged.	
4	<b>Hospital Supplies and Services</b>	As charged.	
5	<b>Surgical Fees</b>	Reimbursement of Reasonable and Customary Charges which is consistent with those usually charged to a ward or room and board accommodation which is approximate to and within the daily limit of the amount stated in Hospital Room and Board benefit under the plan insured.	
6	<b>Operating Theatre</b>		
7	<b>Anaesthetist Fees</b>		
8	<b>In Hospital Physician Visit</b> (2 visits per day)		
9	<b>Pre-Hospital Diagnostic Tests</b> (Within 90 days before hospitalisation)		
10	<b>Pre-Hospital Specialist Consultation Treatment, Prescribed Medicines and Second Medical Opinion</b> (Within 90 days before hospitalisation)		
11	<b>Post-Hospitalisation Treatment</b> (Within 90 days after hospital discharge)		
12	<b>Organ Transplant</b>		

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No.	Insured Benefits	Plan Type	
		GMS2D-150 (RM)	GMS2D-200 (RM)
13	<b>Ambulance Fees</b>		
14	<b>Day Surgery</b>		
15	<b>Post-Hospitalisation Home Nursing Care</b> (Within 200 days after discharge)	As charged, up to RM8,000 per disability and 200 days per lifetime.	
16	<b>Outpatient Cancer Treatment</b> (including consultation, examination tests and prescribed take home drugs)	As charged. Subject to Reasonable and Customary Charges.	
17	<b>Outpatient Kidney Dialysis Treatment</b> (including consultation, examination tests and prescribed take home drugs)		
18	<b>Outpatient Treatment for Dengue Fever and Zika Virus</b>		
19	<b>Emergency Accidental Outpatient Treatment</b> (subject to a maximum of 30 days from the date of accident)		
20	<b>Outpatient Imaging (MRI/PET)</b> (Subject to a maximum of 30 days from the date of MRI/PET)	Up to 5,000 per policy year.	
21	<b>Daily-Cash Allowance at Malaysian Government Hospital</b> (Per day, subject to a maximum of 120 days per policy year)	50	
22	<b>Intraocular Lens</b>	Maximum of 8,000 per lifetime.	
23	<b>Medical Report</b>	As charged, up to a maximum of RM200 per admission for inpatient treatment or per disability for outpatient treatment.	
24	<b>Overall Annual Limit for Items (2) to (23)</b> (Based on paid amount)	100,000	150,000
25	<b>Overall Lifetime Limit for Items (2) to (23)</b> (Based on paid amount)	No Lifetime limit	
26	<b>Accidental Death Benefit</b>	10,000	15,000
27	<b>Supreme Assist</b> (Emergency Medical Assistance Services)	In accordance with the benefit provisions in Supreme Assist agreement	
28	<b>Car Assistance Programme</b>	In accordance with the benefit provisions in Car Assistance Programme agreement	

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### **Description of Benefits**

#### **1. Hospital Room and Board**

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary room accommodation and meals. The amount payable for this benefit shall be equal to the actual charges made by the Hospital during Hospitalisation of the Life Assured, subject to the daily rate of Hospital Room and Board, the maximum number of days and the limits stated in the Schedule of Benefits. A Life Assured will only be entitled to this benefit while confined to a Hospital as an Inpatient.

#### **2. Intensive Care Unit**

Reimbursement of the Reasonable and Customary Charges for Medically Necessary actual room and board incurred during confinement of a Life Assured as an Inpatient in the Intensive Care Unit of a Hospital. The amount payable for this benefit shall be equal to the actual charges made by the Hospital, subject to the maximum number of days and the limits stated in the Schedule of Benefits. No Hospital Room and Board benefit and Intensive Care Unit benefit shall be paid concomitantly.

For the avoidance of doubt, if Intensive Care Unit benefit is payable for a confinement period, no Hospital Room and Board benefit shall be payable for the same confinement period.

#### **3. Hospital Supplies & Services**

Reimbursement of the Reasonable and Customary Charges actually incurred for:

- general nursing;
- Prescribed and consumed drugs and medicines;
- dressings, splints and plaster casts;
- x-ray;
- laboratory examinations;
- electrocardiograms;
- physiotherapy;
- basal metabolism tests;
- intravenous injections and solutions; or
- administration of blood and blood plasma but excluding the cost of blood and plasma while the Life Assured is confined as an Inpatient in a Hospital, which is Medically Necessary, subject to the limits stated in the Schedule of Benefits.

#### **4. Surgical Fees**

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary surgery by the Specialists, including Pre-Hospital Specialist Consultation, Treatment, Prescribed Medicines and Second Medical Opinion and Post-hospitalisation Treatment, subject to the limits stated in the Schedule of Benefits. If more than one surgery is performed for Any One Disability, the total payments for all the surgeries performed shall not exceed the limits stated in the Schedule of Benefits.

#### **5. Operating Theatre**

Reimbursement of the Reasonable and Customary Charges incurred for operating room incidental to Medically Necessary surgical procedure, subject to the limits stated in the Schedule of Benefits.

#### **6. Anaesthetist Fees**

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Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary administration of anaesthesia by the anaesthetist, subject to the limits stated in the Schedule of Benefits.

### **7. In Hospital Physician Visit**

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary Physician's visit to an Inpatient who is confined for Disability, subject to a maximum of two (2) visits per day and the limits stated in the Schedule of Benefits.

### **8. Pre-Hospital Diagnostic Tests**

Reimbursement of the Reasonable and Customary Charges incurred within ninety (90) days preceding Hospitalisation, for Medically Necessary ECG, x-ray and laboratory tests which are recommended by a qualified medical practitioner and performed for diagnostic purposes on account of an Injury or Illness and in connection with a Disability, subject to the limits stated in the Schedule of Benefits. No payment shall be made if the Life Assured does not result in Hospitalisation for the treatment of the medical condition diagnosed upon such diagnostic services. In addition, medications and consultation charged by the medical practitioner shall not be payable.

### **9. Pre-Hospital Specialist Consultation, Treatment, Prescribed Medicines and Second Medical Opinion**

Reimbursement of the Reasonable and Customary Charges incurred within ninety (90) days preceding Hospitalisation, for Medically Necessary consultation, treatment and Prescribed Medicines by a Specialist, and second medical opinion by another Specialist (excluding treatment and Prescribed Medicines), subject to the limits stated in the Schedule of Benefits.

This benefit shall only be payable for condition or Disability that result in Hospitalisation.

### **10. Post-hospitalisation Treatment**

Reimbursement of the Reasonable and Customary Charges incurred within ninety (90) days immediately following discharge from Hospital for a Disability, for Medically Necessary follow-up treatment by the same attending Physician, subject to the limits stated in the Schedule of Benefits. This shall include Prescribed Medicines during the follow-up treatment but shall not exceed the supply needed for the maximum of ninety (90) days from the date of discharge.

### **11. Organ Transplant**

Reimbursement of the Reasonable and Customary Charges incurred on transplantation surgery for the Life Assured being the recipient of the transplant of a kidney, heart, lung, liver or bone marrow. This benefit is applicable only once per lifetime while this policy is in force and shall be subject to the limits stated in the Schedule of Benefits.

The costs of acquisition of the organ and all costs incurred by the donors are not covered under this policy.

### **12. Ambulance Fees**

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary domestic ambulance services (inclusive of attendant) to and/or from the Hospital, subject to the limits stated in the Schedule of Benefits. No payment shall be made if the Life Assured is not hospitalised.

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### **13. Day Surgery**

Reimbursement of the Reasonable and Customary Charges incurred for a Medically Necessary Day Surgery. This shall include the following surgical procedures which are commonly performed safely as Day Surgery:

- Adenoidectomy;
- Bone Marrow Aspiration and Biopsy;
- Cataract removal;
- Colonoscopy;
- Cystourethroscopy;
- Endolaser Venous Surgery;
- Endoscopic Retrograde Cholangiopancreatography;
- Excision of Bunions;
- Excision of Ganglion, Fibroma(s) and Breast Lump(s);
- Excision of Pterygium;
- Extra corporeal Shock Wave Lithotripsy;
- Herniotomy / Hernioraphy;
- Insertion or Removal of Ureteric J-Stent;
- Laparoscopic Endometrial Ablation;
- Laparoscopy;
- Laryngoscopy;
- Laser Photocoagulation treatment for Retinal Detachment;
- Marsupialisation and drainage of Bartholin's Cysts;
- Myringotomy or Myringoplasty;
- Reduction of Bone Fracture(s);
- Release of Carpal Tunnel (Carpal Tunnel Decompression);
- Release of Dupuytren's contracture;
- Removal of Cervical Polyps;
- Removal of Nasal Polyps;
- Removal of Plate and Screw/implants;
- Rubber Banding of Haemorrhoids.

The Company may extend the above list of surgical procedures which are commonly performed safely as Day Surgery. If any such surgical procedure is performed while the Life Assured is an Inpatient, only the equivalent benefit of Day Surgery shall be paid, unless the Company's appointed medical practitioner has given prior approval.

### **14. Post-Hospitalisation Home Nursing Care**

Reimbursement of Reasonable and Customary Charges incurred for Medically Necessary skilled nursing care that require execution by a Registered Nurse including therapy, treatments for wound, respiratory, diabetes care, colostomy care, tube feeding, injections and other medication administration to the Life Assured in a home when prescribed by the treating Physician within two hundred (200) days immediately following the discharge from the Hospital for a Disability after a minimum of 3 consecutive days of Hospitalisation. Reasonable and Customary Charges for medical supplies consumed in and necessary to the execution of the Post-hospitalisation Home Nursing Care will be reimbursed. This benefit shall be subject to the maximum number of days and limits as stated in the Schedule of Benefits.

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### **15. Outpatient Cancer Treatment**

If a Life Assured is diagnosed with Cancer as defined below, the Company shall reimburse the Reasonable and Customary Charges incurred for the Medically Necessary cancer treatment performed at a legally registered cancer treatment center, subject to the limits stated in the Schedule of Benefits.

Such treatments (including consultation, examination tests and prescribed take home drugs) must be received at the Outpatient department of a Hospital or a registered cancer treatment centre immediately following discharge from a Hospital. Such treatments must be licensed and approved by the Minister of Health in Malaysia, and its prescription and administration is regulated by the relevant medical authority in Malaysia.

**Cancer** is defined as the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or surgery (excluding endoscopic procedures alone) is considered necessary. The cancer must be confirmed by histological evidence of malignancy.

In addition to the exclusion of Pre-existing Illness, this benefit shall not be payable for any Life Assured who had been diagnosed as a cancer patient and/or is receiving cancer treatment prior to the Risk Commencement Date.

### **16. Outpatient Kidney Dialysis Treatment**

If a Life Assured is diagnosed with Kidney Failure as defined below, the Company shall reimburse the Reasonable and Customary Charges incurred for the Medically Necessary kidney dialysis treatment performed at a legally registered dialysis center, subject to the limits stated in the Schedule of Benefits.

Such treatment (dialysis including consultation, examination tests and prescribed take home drugs) must be received at the Outpatient department of a Hospital or a registered dialysis treatment center immediately following discharge from Hospital.

**Kidney Failure** means end stage renal failure presenting as chronic and irreversible failure of both kidneys to function as a result of which renal dialysis is initiated.

In addition to the exclusion of Pre-existing Illness, this benefit shall not be payable for any Life Assured who has developed chronic renal diseases and/or is receiving dialysis treatment prior to the Risk Commencement Date.

### **17. Outpatient Treatment for Dengue Fever and Zika Virus**

In the event that the Life Assured is diagnosed with Dengue Fever or Zika Virus as defined below, the Company shall reimburse the Reasonable and Customary Charges for the Medically Necessary treatment incurred for Dengue Fever or Zika Virus that is performed at the Outpatient department of a Hospital or the registered Clinic. The maximum amount the Company will reimburse for this benefit is subject to the limit as stated in the Schedule of Benefits.

**Dengue Fever** is defined as the clinical diagnosis of Dengue virus infection which must be established and confirmed by a confirmatory serologic testing (RT-PCR) or the positive isolation of Dengue virus and certified by the attending Doctor and Specialist.

**Zika Virus** is defined as the clinical diagnosis of Zika virus infection which must be established and confirmed by a confirmatory serologic testing (RT-PCR) or the positive isolation of Zika virus and certified by the attending Doctor and Specialist.

No any other expense for Dengue Fever and Zika Virus shall be payable by the Company, except for doctor consultation, diagnostic tests, treating medication or fluids and monitoring

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that are accompanied by a definite diagnosis of the condition with the supporting evidence of the causative virus, bacteria or parasites.

### **18. Outpatient Imaging (MRI/PET)**

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary Magnetic Resonance Imaging (“MRI”) and/or Positron Emission Tomography (“PET”) performed on account of an Injury or Illness, subject to the limits stated in the Schedule of Benefits.

Such diagnostic imaging (Magnetic Resonance Imaging (“MRI”) and/or Positron Emission Tomography (“PET”) including consultation, treatment and prescribed medicines by a Specialist) must be received at the Outpatient department of a Hospital or a registered medical centre. Follow-up treatment by the same Specialist of a Hospital or a registered medical centre shall be provided up to a maximum of thirty (30) days from date of MRI/PET was performed. This shall include medicines prescribed during the follow-up treatment but shall not exceed the supply needed for the maximum number of days as stated in the Schedule of Benefits.

### **19. Emergency Accidental Outpatient Treatment**

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatment as an Outpatient at any registered Clinic or Hospital as a result of a covered bodily injury arising from an Accident, within 24 hours of such Accident and subject to the limits stated in the Schedule of Benefits. Follow-up treatment by the same Doctor or same registered Clinic or Hospital for the same covered bodily Injury shall be provided up to a maximum of thirty (30) days from date of Accident, subject to the limits stated in the Schedule of Benefits.

### **20. Daily-Cash Allowance at Malaysian Government Hospital**

Pays a daily allowance for each day of confinement for a covered Disability in a Malaysian Government Hospital, provided that the Life Assured shall confine to a Hospital Room and Board rate that does not exceed the Hospital Room and Board rate as stated in item 2 in the Schedule of Benefits above, subject to the maximum number of days and the limits stated in the Schedule of Benefits.

### **21. Intraocular Lens**

Reimbursement of Reasonable and Customary Charges incurred for Medically Necessary Intraocular Lenses for cataract surgery, subject to a maximum of Ringgit Malaysia EIGHT THOUSAND (RM8,000) per lifetime This benefit is further subject to the limits stated in the Schedule of Benefits.

### **22. Medical Report Fees**

Reimbursement of the Reasonable and Customary Charges incurred for medical report stipulating the details of the Disability for which the claim is made, subject to the maximum amount and the limits stated in the Schedule of Benefits.

### **23. Accidental Death Benefit**

While this policy is in force, in the event of death of the Life Assured resulting directly and solely from an Accident, the Company shall pay an amount in one lump sum.

Provided that:

- the Accident occurs on or after the Risk Commencement Date and before the Policy Anniversary on which the Life Assured’s age is seventy (70) years next birthday; and

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- the death of the Life Assured occurs within ninety (90) days of sustaining the Injury; and
- written notice of such Accident with full particulars must be provided to the Company immediately upon death of the Life Assured.

### **24. Supreme Assist (Emergency Medical Assistance Services)**

The company has arranged with Supreme Assist to provide Overseas and Domestic Emergency Medical Assistance Services. The membership card will be issued to the Life Assured which shall be used as means of verification of eligibility for the Emergency Medical Assistance Services.

#### **(i) Overseas Emergency Medical Assistance**

The Life Assured may call Supreme Assist from anywhere in the world to obtain the assistance or services. The following services are applicable to the Life Assured who is travelling outside Malaysia for a period not exceeding 120 consecutive days on any one trip.

##### **(a) Travel Assistance**

Visa Information Services, Inoculation Information Services, Weather Information Services, Foreign Exchange Information Services, Interpreter Assistance, Legal Referral, Embassy Referral, Lost Luggage Assistance and Lost Passport Assistance.

##### **(b) International Medical Assistance**

Emergency Message Transmission, Telephone Medical Advice, Medical Service Provider Referral, Arrangement of Appointments with Doctors, Arrangement for Hospital Admission, Arrangement of Hotel Accommodation, Arrangement and Payment of Emergency Medical Evacuation, Arrangement and Payment of Emergency Medical Repatriation, Arrangement and Payment of Repatriation of Mortal Remains, Arrangement and Payment of Compassionate Visit for a relative or friend, Arrangement and Payment of Return of up to three minor children, if such child or children is or are left unattended.

#### **(ii) Domestic Emergency Medical Assistance**

The following services are applicable to the Life Assured within Malaysia but outside his state of residence in Malaysia:

- (a) Emergency Message Transmission**
- (b) Medical Service Provider Referral**

The following services are applicable to the Life Assured traveling outside his state of residence in Malaysia for a period not exceeding 120 consecutive days for any one trip:

- (a) Arrangement and Payment of Emergency Medical Evacuation**
- (b) Arrangement and Payment of Emergency Medical Repatriation**
- (c) Arrangement for Hospital Admission**

The Company reserves the right to amend the provision of this benefit at any time, by giving 30-day notice, subject to the availability of this benefit at reasonable costs from the Service Provider.

The maximum amount payable by the Company in respect of this benefit per person per life is limited to RM500,000.

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### **25. Overseas Treatment**

If the life assured elects to be treated outside of Malaysia or is referred to be treated outside of Malaysia by the attending physician or was hospitalised for a medical emergency outside of Malaysia, benefits in respect of the treatment shall be limited to the reasonable and customary charges for such equivalent treatment in Malaysia and shall exclude the cost of transportation to the place of treatment.

### **26. Residence Overseas**

No benefit whatsoever shall be payable for any medical treatment received by the life assured outside Malaysia apart from Singapore and Brunei, if the life assured resides or travels outside Malaysia apart from Singapore and Brunei, for more than ninety (90) consecutive days.

## **PREMIUM**

### **1. Premium Payment Modes**

Yearly payment mode only.

### **2. Premium Payment Method**

Internet Banking, Credit Card, JomPay, ePAY or Cash / Cheque payment via Collecting Bank (over-the-counter, ATM & cheque deposit machine).

### **3. Premium Payment Term**

This is yearly renewable term product; 100 minus age next birthday at entry

### **4. Premium Rate**

Premiums vary by attained age next birthday, gender and occupation class.  
Premiums are not guaranteed.

Please refer to Appendix Table for the indicative premium.

### **5. Occupational Rates**

The standard male and female rates are applicable to Occupation Classes 1 and 2.  
Separate premium are chargeable for Occupation Classes 3 and 4.

### **6. Renewal / Change in Occupation**

The renewal of this plan is guaranteed. Upon notification of change in occupation (class) during any policy year, revision of premium rates will be affected upon next premium due date. There will be no premium refund or collection during the policy year.

## **UNDERWRITING**

### **1. Age at Entry**

Entry Age	Plan Type	
Minimum	14 days attained age	
Maximum	70 years next birthday*	

\* Entry age 61 to 70 is subject to compulsory medical checkup(s)\*\*.

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\*\* Age 61 – 70: ME - Medical Examination by Panel Doctor / Authorized Examiner  
Note: All medical requirements are to be obtained at proposer's own expense

### **2. Policy Term**

This is yearly renewable term product

Maximum age at renewal : 99 years next birthday

Maximum expiry age : Policy anniversary on 100 years next birthday

### **3. Backdating**

Not Allowed.

### **4. Upgrade of plan**

Allowed, subject to underwriting.

Application from must be submitted within 30 days before the policy anniversary of the basic plan.

### **5. Downgrade of plan**

Allowed. No underwriting is required.

Application from must be submitted within 30 days before the policy anniversary of the basic plan.

## **DISCOUNTS**

### **1. Large Sum Assured Discount/Non-Smoker discount/ Min or Max Sum Assured**

Not applicable.

### **2. Group Special Discount (Only applicable for non-staff and non-staff family)**

A family discount for 5% of premium is given, if 2 or more family members are being insured under medical policy.

This discount is only applicable to Agency traditional medical plan.

## **OTHER PRODUCT FEATURES**

### **1. Automatic Premium Loan / Policy Loan / Bonus Rate / Surrender Values / Paid Up Values / Extended Term Assurance / Lien for Juvenile Policy**

Not Applicable

### **2. Free-Look Period**

Policyowner is allowed to cancel the policy within 15 days. Under such circumstance, total premium paid will be refunded and commissions will be clawed back accordingly.

### **3. Reinstatement**

Allowed, within 12 months from the lapsed date.

### **4. Surrender Values**

This plan has no surrender value. However, upon cancellation of the policy by policyowner and provided that no claims have been made during the policy year, the policyowner shall be entitled to a refund of the proportionate premium paid as follows: -

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<u>Period Not Exceeding</u>	<u>Refund of Annual Premium</u>
15 days	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Period exceeding 11 months	No refund

Notes: Under such circumstance, the Commissions payable clawed-back accordingly

**4. Nomination**

Allowed.

**5. Assignment**

Not allowed.

**6. Third-Party Policy**

This plan can be issued as a third party policy.

**OTHER PRIVILEGES**

**1. Option to Purchase a New Policy (Standard life only)**

Not applicable.

**2. Option to BuyBack (Standard life only)**

Not applicable

**3. Conversion Privilege**

Not applicable

**RIDERS**

Great Medic Million Extender 2 (H67 – H68) can be attached to this plan.

<b>Great Medic Shield 2 (Plan Code)</b>	<b>Great Medic Million Extender 2 (Attaching Plan Code)</b>
H223	H67
H224	H68

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a) Inclusion of rider

Application from must be submitted within 30 days before the policy anniversary of the basic plan.

### **EXCLUSIONS / LIMITATIONS**

The Company will not pay any benefit under this Policy as a result of, including of any of the following whether directly or indirectly:

1. Pre-existing Illness;
2. Specified Illnesses occurring within the first 120 days from the Risk Commencement Date;
3. Any medical or physical conditions arising within the Waiting Period except for Injury;
4. 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, implanted pacemakers and prescriptions thereof;
5. dental conditions including dental treatment or oral Surgery, except as necessitated by Injury to sound natural teeth occurring in any Policy Year and performed by Dentist;
6. private nursing (except as provided under Post-Hospitalisation Home Nursing Care), rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, 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 except for COVID-19 disease for Life Assured who is Fully Vaccinated or Ineligible Unvaccinated;
7. Any treatment or surgical operation for Congenital Conditions or deformities including hereditary conditions;
8. Pregnancy, childbirth (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 sterilisation;
9. Hospitalisation 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;
10. Suicide, attempted suicide or intentionally self-inflicted Injury, while sane or insane;
11. 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;
12. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
13. Expenses incurred for donation of any body organ by the Life Assured, and the cost of acquisition of any body organ donated to the Life Assured including all costs incurred by the donor during organ transplant and its complications;
14. 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, bone setting, herbalist treatment, massage or aroma therapy or other alternative treatment;
15. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Life Assured and disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract;
16. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);
17. Costs/expenses of services of a non-medical nature, such as television, telephones, telex

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- services, radios or similar facilities, admission kit/pack and other ineligible non-medical items;
18. Sickness or Injury arising from racing of any kind (except for foot racing), hazardous sports such as but not limited to sky-diving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities;
  19. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
  20. Expenses incurred for sex change;
  21. Any Outpatient treatment not related to Inpatient treatment, except as provided under this policy; or
  22. Charges which are not Reasonable and Customary Charges, or any Surgery or treatment which is not Medically Necessary, or charges in excess of Reasonable and Customary Charges, or charges which are incurred for Hospitalisation, pre-hospitalisation and/or post-hospitalisation after the Expiry Date.

“Intoxication” in Clause 6 above refers to a state where the Life Assured has ingested alcohol or medication (either prescribed or otherwise) or other narcotic (legal or illegal) substances producing or resulting in observable mental or physical condition or impairment, including but not limited to slurred speech, difficulty in walking or keeping balance, disorientation, or odour or any one of the aforesaid characteristics, without the requirement of confirmation through tests such as a breathalyzer, urine or blood tests.

In addition to the above, the Company will not pay Accidental Death Benefit, for any Injury resulting in loss suffered, as a result of, including any of the following whether directly or indirectly:

1. Suicide, attempted suicide or intentionally self-inflicted injuries, while sane or insane;
2. Bodily infirmity, or mental or functional disorder, or Illness or Disease of any kind, or any infections, other than infections occurring simultaneously with and in consequence of an accidental cut or wound;
3. War or any act of war, declared or undeclared, criminal activities, active duty in any armed forces, direct participation in strike, riots and civil commotion or insurrection;
4. From the action of any armed forces, or from Accident or violence arising by reason of the existence of a state of armed conflict;
5. Engaging in aerial flights other than as a crew member or as a fare-paying passenger of a licensed commercial airline operating on a regular scheduled route;
6. As a result of the Life Assured committing, attempting or provoking an assault or a felony, or from any violation or attempted violation of law by the Life Assured or resistance to arrest;
7. As a result of the Life Assured driving a motor vehicle without possessing a valid driving license. This exclusion will not apply if the Life Assured has an expired license but is not disqualified from holding or obtaining such driving license under any laws, by-laws or regulations;
8. While under the influence of alcohol or drugs unless taken as prescribed by a Physician. For the avoidance of doubt, a person is considered as under the influence of alcohol if the breath, blood or urine test result is over the following limit:
  - 8.1 35 mcg of alcohol per 100ml of breath
  - 8.2 80mg of alcohol per 100ml of blood
  - 8.3 107 mg alcohol per 100ml of urine;
9. Injury arising from racing of any kind (except for foot racing), hazardous sports or activities that involve speed, height, high level of physical exertion, highly specialized gear or spectacular stunts such as but not limited to bungee jumping, parachuting, scuba diving, sky-diving, water skiing, underwater activities requiring breathing apparatus, winter sports, Professional Sports and illegal activities. For the avoidance of doubt, “Professional Sports” means engaging in any physical activity in a professional capacity or where the Life

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- Assured would or could earn income or remuneration from engaging in such activity;
10. From childbirth, pregnancy and/or any complications thereof;
  11. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material; or
  12. From the Life Assured engaging in commando or bomb disposal duties/training.

**Great Medic Shield 2 (Plan Code: H223 – H224)****APPENDIX****Table A: Annual Premium****(Occupation Class 1 & 2)**

Attained Age Next Birthday	Male		Female	
	Plan 150	Plan 200	Plan 150	Plan 200
1 - 5	1,276	1,525	1,038	1,239
6 - 10	882	1,052	775	924
11 - 15	788	938	692	824
16 - 20	804	958	706	842
21 - 25	843	1,005	866	1,034
26 - 30	843	1,005	871	1,038
31 - 35	883	1,054	913	1,089
36 - 40	997	1,190	1,027	1,227
41 - 45	1,279	1,529	1,269	1,517
46 - 50	1,619	1,936	1,654	1,980
51 - 55	1,818	2,175	2,041	2,443
56 - 60	2,494	2,986	2,515	3,012
61 - 65	3,727	4,466	3,689	4,421
66 - 70	5,575	6,684	5,519	6,617
71 - 75 <sup>^</sup>	8,348	10,012	8,264	9,912
76 - 80 <sup>^</sup>	12,507	15,002	12,383	14,853
81 - 85 <sup>^</sup>	15,626	18,745	15,471	18,559
86 - 90 <sup>^</sup>	19,525	23,425	19,330	23,190
91 - 95 <sup>^</sup>	24,398	29,272	24,155	28,980
96 - 99 <sup>^</sup>	30,490	36,582	30,186	36,216

**(Occupation Class 3)**

Attained Age Next Birthday	Male		Female	
	Plan 150	Plan 200	Plan 150	Plan 200
1 - 5	1,596	1,907	1,298	1,550
6 - 10	1,103	1,316	970	1,156
11 - 15	986	1,173	866	1,031
16 - 20	1,006	1,198	883	1,053
21 - 25	1,055	1,257	1,083	1,293
26 - 30	1,055	1,257	1,090	1,298
31 - 35	1,105	1,318	1,142	1,362
36 - 40	1,247	1,488	1,285	1,535
41 - 45	1,600	1,912	1,587	1,897
46 - 50	2,025	2,421	2,068	2,476
51 - 55	2,273	2,720	2,552	3,055
56 - 60	3,118	3,733	3,145	3,766
61 - 65	4,660	5,583	4,612	5,527
66 - 70	6,970	8,356	6,900	8,272
71 - 75 <sup>^</sup>	10,436	12,516	10,331	12,391
76 - 80 <sup>^</sup>	15,635	18,753	15,480	18,567
81 - 85 <sup>^</sup>	19,533	23,432	19,340	23,200

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86 - 90^	24,407	29,282	24,163	28,988
91 - 95^	30,498	36,591	30,195	36,226
96 - 99^	38,113	45,728	37,733	45,271

**(Occupation Class 4)**

Attained Age Next Birthday	Male		Female	
	Plan 150	Plan 200	Plan 150	Plan 200
1 - 5	1,914	2,288	1,557	1,859
6 - 10	1,323	1,578	1,163	1,386
11 - 15	1,182	1,407	1,038	1,236
16 - 20	1,206	1,437	1,059	1,263
21 - 25	1,265	1,508	1,299	1,551
26 - 30	1,265	1,508	1,307	1,557
31 - 35	1,325	1,581	1,370	1,634
36 - 40	1,496	1,785	1,541	1,841
41 - 45	1,919	2,294	1,904	2,276
46 - 50	2,429	2,904	2,481	2,970
51 - 55	2,727	3,263	3,062	3,665
56 - 60	3,741	4,479	3,773	4,518
61 - 65	5,591	6,699	5,534	6,632
66 - 70	8,363	10,026	8,279	9,926
71 - 75^	12,522	15,018	12,396	14,868
76 - 80^	18,761	22,503	18,575	22,280
81 - 85^	23,439	28,118	23,207	27,839
86 - 90^	29,288	35,138	28,995	34,785
91 - 95^	36,597	43,908	36,233	43,470
96 - 99^	45,735	54,873	45,279	54,324

^ Renewal Only