

The benefit(s) payable under eligible policy is (are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact AmMetLife Insurance Berhad or PIDM (visit www.pidm.gov.my).

1. What is AMP MED XPNSE?

AMP MED XPNSE is a yearly renewable traditional standalone medical plan, which covers hospitalisation and surgical expenses arising from illnesses or injury covered under Insured Benefits.

2. What are the covers/benefits provided in AMP MED XPNSE?

The benefits are listed as below:

No.	Insured Benefits	Benefit Amount (RM)
1	Overall Annual Limit for Item (5) to (18)	RM 90,000 for Policy Year 1 and 2
		RM 100,000 for Policy Year 3 and onwards
2	Overall Lifetime Limit for Item (5) to (18)	No Limit
3	Deductible Amount Applies to the Insured Benefits under Category A and Category B, except the following: <ul style="list-style-type: none"> • Items 16, 17 and 18 • Emergency Treatment • Out-Patient treatment for follow-up treatments arising from Critical Illnesses • Treatment sought at a Government Healthcare Facility 	500 Deductible or 2,500 Deductible per Policy Year
4	Payment Facility Options	1. Pay First Claim Later; or 2. Cashless
Category A (In-Patient and Surgical Benefit)		
5	Hospital Room & Board (Limit per day)	150
6	Intensive Care Unit	As charged (subject to Reasonable & Customary Charges)
7	In-Hospital Physician Visit (Subject to a maximum of 2 times per day)	
8	Hospital Supplies and Services	
9	Surgical Expenses	
10	Operating Theatre Fees	
11	Anaesthetist Fees	
12	Ambulance Fees	
Category B (Out-patient Benefit)		
13	Day Care Procedure & Surgery	As charged (subject to Reasonable & Customary Charges)
14	Pre-Hospitalisation <ul style="list-style-type: none"> • Diagnostic Tests • Specialist Consultation (Within 60 days preceding Hospitalisation)	
15	Post-Hospitalisation <ul style="list-style-type: none"> • Diagnostic Tests • Specialist Consultation • Medication and Treatment 	

AmMetLife Insurance Berhad (197301002252)

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	(Within 90 days immediately following discharge from Hospital)	
16	Out-Patient Cancer Treatment	
17	Out-Patient Kidney Dialysis Treatment	
18	Emergency Accidental Out-Patient & Dental Treatment (Limit per Policy Year, within 24 hours and up to 31 days for Follow-up Treatment)	As charged (subject to Reasonable & Customary Charges)

3. Am I eligible for AMP MED XPNSE?

AMP MED XPNSE is available to individuals aged from 15 days old (attained age) to 55 years old (next birthday).

4. How much premium do I have to pay?

- The total premium that you have to pay may vary depending on your age, occupation class, and selection of plan options.
- Your premium may increase accordingly to your age on next birthday at each policy anniversary.
- The premium rate is not guaranteed. AmMetLife reserves the right to revise the premium rate at the following anniversary of the Policy if the actual claim experience is worse than expected, by giving you at least thirty (30) days' prior written notice.
- You have grace period of thirty (30) days from the premium due date to pay the premium. If you do not pay your premiums within the grace period, your Policy will lapse.
- Below is the premium rates table for your reference:

Age Next Birthday	Annual Premium (RM)			
	Pay First Claim Later		Cashless	
	RM500 Deductible (per Policy Year)	RM2,500 Deductible (per Policy Year)	RM500 Deductible (per Policy Year)	RM2,500 Deductible (per Policy Year)
0 - 5	666	503	833	629
6 - 17	555	431	694	539
18 - 25	563	441	704	552
26 - 30	581	448	727	560
31 - 35	619	473	773	592
36 - 40	681	524	851	654
41 - 45	799	621	999	777
46 - 50	1,063	830	1,328	1,037
51 - 55	1,351	1,065	1,688	1,331
56 - 60*	1,794	1,418	2,242	1,772
61*	1,971	1,558	2,464	1,948
62*	2,166	1,713	2,708	2,141
63*	2,381	1,882	2,976	2,353
64*	2,617	2,069	3,271	2,586
65*	2,876	2,273	3,595	2,842
66*	3,160	2,498	3,950	3,123
67*	3,473	2,746	4,342	3,432
68*	3,817	3,017	4,771	3,772
69*	4,195	3,316	5,244	4,145

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70*	4,610	3,645	5,763	4,556
71*	5,067	4,005	6,333	5,007
72*	5,568	4,402	6,960	5,502
73*	6,120	4,838	7,649	6,047
74*	6,725	5,317	8,407	6,646
75*	7,391	5,843	9,239	7,304
76*	7,687	6,077	9,609	7,596
77*	7,994	6,320	9,993	7,900
78*	8,314	6,572	10,393	8,216
79*	8,647	6,835	10,808	8,544
80*	8,993	7,109	11,241	8,886
81*	9,307	7,358	11,634	9,197
82*	9,633	7,615	12,041	9,519
83*	9,970	7,882	12,463	9,852
84*	10,319	8,157	12,899	10,197
85*	10,680	8,443	13,350	10,554
86*	11,001	8,696	13,751	10,870
87*	11,331	8,957	14,163	11,196
88*	11,671	9,226	14,588	11,532
89*	12,021	9,503	15,026	11,878
90*	12,381	9,788	15,477	12,235
91*	12,753	10,081	15,941	12,602
92*	13,135	10,384	16,419	12,980
93*	13,529	10,695	16,912	13,369
94*	13,935	11,016	17,419	13,770
95*	14,214	11,236	17,768	14,046
96*	14,498	11,461	18,123	14,326
97*	14,788	11,690	18,485	14,613
98*	15,084	11,924	18,855	14,905
99*	15,386	12,163	19,232	15,203

*Applicable for Renewal only.

Note:

1. The premium above are based on standard risk (Occupational Class 1 & 2)
2. The above rates are rounded to the nearest Ringgit Malaysia.

5. What are the Payment Facility Options available?

There are two payment facility options made available under this product

i. Pay First, Claim Later

- You pay all your medical bills directly to the hospital during discharge. Afterward, you can submit a claim to Us for reimbursement, subject to the Policy's terms and limits.

II. Cashless

- You can be admitted to one of our panel hospitals without paying upfront - we'll issue Guarantee Letter (GL) to the hospital and settle the eligible medical expenses directly with the hospital.
- This cashless facility only applies to:
 - All benefits under Category A, and
 - Item 13 and Item 15 under Category B.



- For benefits that are not covered under the GL, claims may still be submitted by the customers for reimbursement. However, the reimbursement is subject to Our approval.
- You'll only need to pay for:
 - Treatments that are not medically necessary.
 - Medical costs that go over your policy limits.
 - Deductible Amount
 - Medical expenses not covered under the policy.
- You may visit <https://www.ammetlife.com/support/contact-us/find-hospitals/> for the list of panel hospitals.

6. What are fees and charges I have to pay?

This is a commission-free product. There will be a one-time payment of RM10 charged for Stamp Duty for every new policy.

7. Will I receive a physical medical card for AMP MED XPNSE?

No, you will not get a physical medical card for AMP MED XPNSE. Instead, kindly download MiCare MyMed mobile application where you can easily access your e-medical card. Your e-medical card acts as your official ID — convenient, secure, and always with you on your phone.

8. What are some of the key terms and conditions that I should be aware of?

- You should conduct a thorough self-evaluation to ensure that this plan will best serve your needs and that the premium payable under the Policy is an amount you can afford for the duration of the premium payment term.
- Importance of disclosure - you must disclose all the material facts such as medical conditions and state your age correctly.
- You must complete the proposal form accurately. If you fail to disclose or wrongly disclose any material information:
 - Premium and benefit amount may be affected; or
 - The Policy may also be cancelled and all premiums less medical expenses, claims and any other charges will be refunded to you without any interest.
- Waiting period – the insurance coverage for Insured Benefits will only start 30 days after the Effective Date of your Policy. Except for accidental coverage, where the coverage will commence immediately from the Effective Date of your Policy.
- The Policy is conditionally renewable up to a maximum expiry age of 100 next birthday, subject to the expiry age of your plan and AmMetLife has the right to withdraw the entire portfolio if AmMetLife decides to discontinue underwriting for AMP MED XPNSE.
- If you switch to another insurer or transfer from one Policy to another, you may be subject to the new terms and conditions of the new Policy or the new insurer.
- Cooling off period - you may cancel your Policy by returning the Policy within fifteen (15) days from the date receiving the electronic notification sent by Us informing that this Policy has been issued or upon receipt of the Policy Contract, whichever is earlier. The premiums that you have paid (less any medical expenses incurred, if applicable) will be refunded to you.
- You or your representative must notify the Company as soon as possible after a claim event. You may visit <https://www.ammetlife.com/support/policy-servicing/claims/> for the detailed claim procedure.

9. What are the major exclusions under this policy?

AmMetLife will not pay the Insured Benefit as a result of, including of any of the following whether directly or indirectly:

1. Pre-Existing Illness; or
2. Specified Illnesses as defined in Policy Contract; or
3. Any medical or physical conditions arising within the Waiting Period except for Injury; or
4. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of near-sightedness (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; or
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; or



6. Private nursing, rest cures or sanitaria 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 (except for COVID-19); or
7. Any treatment or surgical operation for Congenital Conditions or deformities including hereditary conditions; or
8. 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; or
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; or
10. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane; or
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; or
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; or
13. Expenses incurred for donation of any body organ by a Life Assured and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications; or
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 acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aromatherapy or other alternative treatment; or
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; or
16. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations); or
17. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items; or
18. Sickness or Injury arising from racing of any kind (except 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; or
19. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes; or
20. Expenses incurred for sex changes; or
21. Any treatment or investigation which is not Medically Necessary, or convalescence, custodial or rest care; or
22. Any medical treatment received by Life Assured outside Malaysia apart from Singapore and Brunei, if Life Assured resides or travels outside Malaysia for more than ninety (90) consecutive days.

Note: The list is non-exhaustive. Please refer to the policy contract for the full terms and conditions under this Policy.

10. Can I cancel my policy?

Policy Owner may cancel the Policy at any time by giving a written notice to AmMetLife.

In the event of no claims have been made during the current Policy Year, Policy Owner shall be entitled to a refund of the premium as follows:



Period From Policy Anniversary, Not Exceeding	Premium Payment Mode			
	Yearly	Half Yearly	Quarterly	Monthly
15 Days (Not Applicable to 1 st Policy Year)	90%	80%	70%	No refund
1 Month	80%	70%	50%	
2 Months	70%	50%	20%	
3 Months	60%	30%	No refund	
4 Months	50%	20%	50%	
5 Months	40%	10%	20%	
6 Months	30%	No refund	No Refund	
7 Months	25%	70%	50%	
8 Months	20%	50%	20%	
9 Months	15%	30%	No refund	
10 Months	10%	20%	50%	
11 Months	5%	10%	20%	
Period Exceeding 11 Months	No Refund	No Refund	No Refund	

11. What do I need to do if there are changes to my contact details?

It is important that you inform Us of any changes in your contact details (including that of nominee and/or trustee) to ensure that all correspondences reach you and/or nominee/trustee in a timely manner.

12. Will I be entitled for tax benefits?

The premiums paid may qualify you for a personal tax relief. However, tax benefits are subject to the Malaysian Income Tax Act 1967, and final decision of the Inland Revenue Board.

13. Where can I get further information?

Should you require additional information about life insurance, please refer to the relevant *insurance info* booklet, available on www.insuranceinfo.com.my

14. If you have any enquiries, please contact Us at:

Customer Care Centre

AmMetLife Insurance Berhad
 Level 6, Menara 1 Sentrum,
 No. 201, Jalan Tun Sambanthan,
 50470 Kuala Lumpur.
 E-Mail: customercare@ammetlife.com
 Homepage: ammetlife.com

15. How do I sign-up for AMP MED XPNSE?

If you are interested, please visit our nearest branches and conduct a self-assessment of product suitability before you sign-up for the plan. Please speak to our customer service officer for more information.

IMPORTANT NOTE:

YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION

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**Disclaimer:**

The information, statement and/or description contained herein are strictly meant to be general information for quick reference and illustration purposes only and are not to be construed as a contract of insurance.

You are advised to refer to policy contract for details on important features of the Policy that you have purchased.

This product fact sheet is for general information only. It is not a contract of insurance. You are advised to refer to the Product Disclosure Sheet, Policy Contract for more information.

If you need further information, you may visit our nearest branches or call Us at 1300 88 8800 or visit our website. In the event of any inconsistencies between the Bahasa Malaysia or other language versions and the English version of this Product Fact Sheet, English wordings shall prevail.

AmMetLife Insurance Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

A PIDM member

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