



MEDIC 101

Member of PIDM

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

FREQUENTLY ASKED QUESTIONS

1. Who is eligible to apply for Medic 101?
Any Malaysian or permanent resident of Malaysia aged 30 days to 65 years.
2. How long will Medic 101 policy cover me?
Once your policy is renewed, it will cover you up to the date you are attaining 101 years.
3. When does my cover begin?
Cover begins immediately on the day that your proposal is accepted and upon full settlement of premium. But in respect to sickness/illness only, there is a Qualifying Period of thirty (30) days before the insurance commences.
4. Will it be easy for me to get admitted in a panel hospital with Medical Card?
Yes, it is easy for a readily confirmed covered disability. All you have to do is to call our Third Party Administrator for assistance or enquiry. You can also visit our website for a list of our panel hospitals.
5. Am I covered outside Malaysia?
Yes, you are covered only up to ninety (90) days from the day you leave Malaysia but only for emergency and non-chronic illnesses, or upon written referral of a Specialist. (Please refer to the conditions on 'Overseas Treatment' and 'Reasonable and Customary Charges').
6. What are the exclusions?
Generally the Policy does not cover:
 - a. Pre-existing Condition. However, Disabilities that are declared to the Company in the proposal form and for which the Company does not impose any condition will be covered after twelve (12) months of your insurance cover.
 - b. Specified Illness occurring during the first one hundred twenty (120) days of continuous cover of an Insured Person.
 - c. Dental conditions, cosmetic treatment or refractive errors of the eyes except due to accidental injury, congenital abnormalities, pregnancy-related conditions, AIDS or other sexually transmitted disease, self-inflicted injuries, drug addiction, mental or nervous disorders, non-medically necessary expenses, weight control, sexual dysfunction, medical examinations, investigative procedures, preventive treatment, nuclear or military-related activities, racing (other than foot racing), professional sports and criminal activities.

7. What is Pre-existing Condition?
Pre-existing Condition means Disability that the Insured Person has reasonable knowledge of on or before the effective date of insurance of the Insured Person. An Insured Person may be considered to have reasonable knowledge of Pre-existing Condition where the condition is one for which:
- a. The Insured Person had received or is receiving treatment;
 - b. Medical advice, diagnosis, care or treatment has been recommended;
 - c. Clear and distinct symptoms are or were evident; or
 - d. Its existence would have been apparent to a reasonable person in the circumstances.
8. What is Specified Illnesses?
Specified Illnesses mean the following Disabilities and its related complications:
- i. Hypertension, cardiovascular disease and diabetes mellitus.
 - ii. All tumours, cancers, cysts, nodules, polyps, stones of the urinary and biliary system.
 - iii. All ear, nose (including sinuses) and throat conditions.
 - iv. Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
 - v. Endometriosis including disease of the reproductive system.
 - vi. Vertebra-spinal disorders (including disc) and knee conditions.
9. What is a Deductible?
This is the amount that must be borne by you or payable by your basic Hospitalisation and Surgical Insurance policy before this policy can indemnify you.
10. What if I am also covered under Multi Medi-PLUS or Multi Medical Protector policy?
If you are covered by our abovementioned policy for twenty-four (24) months or more and it remains active at the date of hospital admission, then your Overall Annual Limit of Medic 101 is automatically increased by 30%.
11. What happens if my policy has lapsed and I want to reapply?
You will be subjected to the usual Exclusions on Pre-existing Conditions, Specified Illnesses and Qualifying Period of thirty (30) days all over again. Hence we encourage you not to let your Medical Policy lapse.
12. What is the consequence of non-disclosure of material facts in the proposal form?
You are to disclose all matter which you know or reasonably in the circumstances could be expected to know to be relevant to our decision whether to accept the risk or not and the rates and terms to be applied, otherwise the policy issued may be void.
13. If this Policy is cancelled within the fifteen (15) days free look period, the premium paid less medical expenses (if any) will be refunded.

MEDIC 101 PLANS

This is a comprehensive Hospitalisation and Surgical Policy that is designed to complement and provide additional protection to your existing policy (which you may or may not have).

HIGHLIGHTS OF MEDIC 101

- All eligible expenses shall be reimbursed up to the Limits of Policy.
- Policy is renewable at the option of the insured. However, the premium rates are not guaranteed.
- Renewable up to age 101 years.
- Coverage up to RM390,000 per year.
- No Lifetime Limit.
- No Upgraded Room and Board Co-payment condition.
- No requirement of re-declaration of health status at renewal.
- Medical Card facility for admission and discharge from panel hospitals for covered disabilities.
- Covers Organ Transplant up to Limits of Policy.
- Also covered:
 - a) Outpatient Treatments for Cancer and Kidney Dialysis.
 - b) Outpatient Physiotherapy Treatments and Home Nursing Care after hospitalisation.
- Deductible of RM10,000 per disability per Policy Year so as to reduce premium costing.

FEATURES

Medic 101 is designed to complement and provide protection as a secondary level of cover to the normal and basic Hospitalisation and Surgical Insurance that you may have insured or coverage provided by your employer.

The benefits of your basic/standard cover may not be adequate to meet the ever-increasing cost of health care and medical expenses for complicated, serious or complex surgeries or treatment.

- Accident Death Benefit is payable.
- High limits of cover at an affordable premium.
- One common level of premium regardless of occupational class and gender.
- 30% automatic increase of Overall Annual Limit to RM390,000 when you are also covered by an active Multi Medi-PLUS or Multi Medical Protector with us for not less than two (2) consecutive years at the time of hospital admission.
- High maximum entry age: 65 years and renewable up to 101 years.
- Deductible per Disability:
 - RM10,000
 - RM5,000 (if the entire treatment is in Malaysian Government Hospital)
 - Only one Deductible shall apply if family members are injured in the same motor vehicle accident.

SCHEDULE OF BENEFITS	TU750 RM	TU600 RM	TU450 RM	TU330 RM	TU220 RM
Hospital Room & Board (daily limit)	750	600	450	330	220
Intensive Care Unit	As Charged Subject to 'Reasonable & Customary Charges' and Overall Annual Limit				
Surgical Fees					
Anaesthetist Fees					
Operation Fees					
In-Hospital Physician Visits					
Hospital Services & Supplies					
Organ Transplant (Kidney, Heart, Lung, Liver or Bone Marrow Only)					
Pre-Hospital Diagnosis Tests					
Pre-Hospital Specialist Consultation					
Home Nursing Care					
Post-Hospitalisation Treatment					
Outpatient Physiotherapy Treatment					
Outpatient Cancer Treatment					
Outpatient Kidney Dialysis Treatment					
Deductible per Disability per policy year	10,000	10,000	10,000	10,000	10,000
Overall Annual Limit	300,000	250,000	200,000	150,000	100,000
Overall Annual Limit (when you are also covered by an active Multi Medi-PLUS or Multi Medical Protector with us for not less than 2 consecutive years at the time of hospital admission)	390,000	325,000	260,000	195,000	130,000
Accidental Death Benefit	10,000	10,000	10,000	10,000	10,000

Annual Premiums

AGE AT LAST BIRTHDAY	TU750 RM	TU600 RM	TU450 RM	TU330 RM	TU220 RM
30 days-18 years	433.02	368.87	316.04	283.02	218.87
19-35 years	509.43	433.96	370.75	333.02	257.55
36-40 years	641.51	546.23	466.04	418.87	323.58
41-45 years	769.81	655.66	560.38	502.83	387.74
46-50 years	955.66	813.21	694.34	623.58	481.13
51-55 years	1,216.98	1,034.91	883.96	792.45	611.32
56-60 years	1,550.00	1,317.92	1,125.47	1,009.43	777.36
61-65 years	2,333.96	1,984.91	1,694.34	1,518.87	1,169.81
66-70 years (renewal only)	2,933.96	2,494.34	2,128.30	1,909.43	1,469.81
71-75 years (renewal only)	3,672.64	3,122.64	2,664.15	2,389.62	1,839.62
76-80 years (renewal only)	5,084.91	4,322.64	3,687.74	3,306.60	2,545.28
81-85 years (renewal only)	6,800.94	5,782.08	4,932.08	4,422.64	3,402.83
86-90 years (renewal only)	9,099.06	7,734.91	6,598.11	5,916.04	4,551.89
91-95 years (renewal only)	12,050.94	10,244.34	8,738.68	7,834.91	6,028.30
96-101 years (renewal only)	16,071.70	13,661.32	11,653.77	10,448.11	8,038.68

* Renewal only

Note:

1. Premium rates shown are subject to 6% Service Tax (for business organisations only), and RM10 Stamp Duty. (Individuals are excluded from Service Tax).
2. Premium payable is based on Age As At Last Birthday and it will increase with age upon renewal.
3. Child can only be insured along with a Parent.
4. Please liaise with Generali Malaysia should you not receive our acknowledgement within 14 days after your payment of premium.

SOME OF THE BENEFITS IN BRIEF

Surgeon Fees

Reimburses the professional fees for surgical procedure, ward visits, pre-surgical and post-surgical care 60 days before and after the operation. Consultation fee for a second opinion is also covered.

Anaesthetist Fees

Reimburses the professional fees for the supply and administration of anaesthesia.

Hospital Services & Supplies

Reimburses charges incurred in hospital for general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, X-ray, diagnostic tests, laboratory examinations, electrocardiograms, physiotherapy, rental of appliance, surgical implants, basal metabolism test, intravenous injections and solutions, administration of blood and blood plasma, oxygen and its administration.

Pre-Hospital Diagnostic Tests

Reimburses charges for ECG, X-ray, laboratory and diagnostic test incurred within sixty (60) days preceding hospitalisation and only upon recommendation of a doctor.

Pre-Hospital Specialist Consultation

Reimburses Specialist Consultation Fees for first time consultation incurred within sixty (60) days preceding hospitalisation and only upon recommendation of a doctor.

Post-Hospitalisation Treatment

Reimburses medical charges incurred for follow-up treatment by the same attending physician and incurred within sixty (60) days immediately following discharge from hospital for a non-surgical disability. Cost of medicines prescribed for the Disability only is also covered but limited to the said sixty (60) days period.

Organ Transplant

Reimburses all eligible expenses incurred for transplantation surgery of Kidney, Heart, Lung, Liver or Bone Marrow as recipient.

Home Nursing Care

Reimburses the daily professional fees of a qualified nurse and incurred within sixty (60) days immediately following discharge from hospital, provided it is recommended by the attending physician.

Outpatient Physiotherapy Treatment

Reimburses the daily professional fees of physiotherapist for outpatient physiotherapy treatment and incurred within hundred (100) days immediately following discharge from hospital, provided it is recommended by the attending physician.

Outpatient Cancer Treatment

Reimburses the medical charges incurred for radiotherapy and/or chemotherapy treatment on outpatient basis.

Outpatient Kidney Dialysis Treatment

Reimburses the medical charges incurred for kidney dialysis treatment on outpatient basis.

Accidental Death Benefit

Pays a stated lump sum benefit if death occurs within six (6) months from the date of the accident.

Note: This brochure is not a contract document. For details of terms and conditions, please refer to the Policy.

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