

At a glance

- Hospital & Surgical Insurance
- 4 simple plans
- Coverage up to RM150,000
- RM10,000 deductible per disability
- No lifetime limit
- Renewal up to age 100
- Cashless admission at panel hospitals
- Organ Transplant Benefit
- Home Nursing Care Benefit
- Outpatient Cancer and/or Kidney Dialysis Benefit



This brochure provides a brief description of the product and is not exhaustive. For full details on exclusions, terms and conditions, kindly refer to the actual Policy Document.

Highlights of Medic Plus

- 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.
- No requirement of re-declaration of health status at renewal.
- 'Hassle Free' facility for admission & discharge from hospitals for disabilities and illnesses covered.
- Medical costs for organ transplants fully reimbursable up to Limits of Policy.
- Covered:
 - Out-patient treatments for Cancer & Kidney Dialysis
 - Out-patient Physiotherapy Treatments & Home Nursing Care after hospitalization.
- Policyholders must submit required documents within 30 days upon hospital admission.

Features

- Medic Plus is designed to complement and provide protection as a secondary level of cover to the Hospitalization & Surgical Insurance that you may have purchased or where you are covered by a policy arranged by your employer.
- The benefits of a basic/standard cover are unlikely to be adequate to meet the ever-increasing cost of medical expenses and health care for complicated, serious or complex surgeries.
- Medic Plus helps to bridge the gap with its limits intentionally set at a high level and it operates when the benefits/limits of your existing insurance cover is exhausted.
- Accidental Death benefits is payable.
- High limits of cover at low and affordable premium.
- One common level of premium regardless of gender.
- High maximum entry age: 65 years and renewable up to 100 years.
- Deductible per Disability:
 - RM10,000
 - RM5,000 (if confined to Malaysian Government Hospital)
- Only one Deductible shall apply if family members are injured in the same accident.

Note: Please notify Tokio Marine Insurans (Malaysia) Berhad should you not receive our acknowledgement within 14 days after your payment of premium.

What is it?

A comprehensive medical insurance policy which is designed to complement and provide additional protection on your existing hospital & surgical insurance cover.



RM10,000 deductible per disability



Cashless admission



Affordable

MPLUS-END052020

Agent stamp

Tokio Marine Insurans (Malaysia) Berhad

198601000381 (149520-U)

Level 20, Menara Hap Seng 3, Plaza Hap Seng,
No. 1, Jalan P. Ramlee, 50250 Kuala Lumpur, Malaysia.
T: (03) 2027 8200 / 2789 8800 F: (03) 2022 2295

Customer Service Hotline: 1800 88 0812

tokiomarine.com

Tokio Marine Insurans (Malaysia) Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

Medic Plus
Insurance



TOKIO MARINE
INSURANCE GROUP



Tokio Marine
Insurans (Malaysia) Berhad
198601000381 (149520-U)

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Benefits

Hospital Room & Board

Reimburses the daily charges made by the hospital for room accommodation and meals incurred by the Insured Person for each day of confinement as a registered bed-paying patient in a Hospital.

Intensive Care Unit

Reimburses daily charges for confinement in an Intensive Care Unit or Cardiac Care Unit where prescribed by attending Physician or Surgeon.

Surgeon Fees

Reimburses the professional fees for surgical procedure, ward visits, pre-surgical and post surgical care 60 days before and after the operation. 2nd opinion is also covered.

Anaesthetist Fees

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

Operating Theatre

Reimburses Operating Room charges incidental to the performance of a Surgery.

In-Hospital Physician Visits

Reimburses the professional fees for treatment and ward visits for a non surgical disability.

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 appliances, surgical implants, basal metabolism tests, 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 tests incurred within sixty (60) days preceding hospitalisation and only upon recommendation of a doctor.

Pre-Hospital Specialist Consultation

Reimburses specialist consultation fees for the first time consultation and incurred within 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 discharged 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.

Home Nursing Care

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

Organ Transplant

Reimburses medical charges incurred on transplantation surgery for the Insured Person being the recipient of the transplant of a Kidney, Heart, Lung, Liver or Bone Marrow. Payment for this Benefit is applicable only once per Lifetime of an Insured Person whilst the Policy is in force. The costs of acquisition of the organ and all costs incurred by the donors are not covered.

Outpatient Physiotherapy Treatment

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

Outpatient Cancer Treatment

Reimburses the medical charges incurred for radiotherapy &/or chemotherapy treatment on outpatient basis (including costs for consultation, examination tests, take home drugs).

Outpatient Kidney Dialysis Treatment

Reimburses the medical charges incurred for kidney dialysis treatment on outpatient basis (including costs for consultation, examination tests, take home drugs).

Accidental Death Benefit

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

Choice of Plans

Benefits	Plan MPA RM	Plan MPB RM	Plan MPC RM	Plan MPD RM
Hospital Room & Board, daily max	500	300	200	150
Intensive care unit				
Surgeon fees				
Anaesthetist fees				
Operating theatre				
In-hospital physician visits				
Hospital services & supplies				
Organ transplant	As charged subject to 'Reasonable & Customary Charges' and Overall Annual Limit			
Pre-Hospital diagnostic tests				
Pre-Hospital specialist consultation				
Home nursing care				
Post-Hospitalisation treatment				
Outpatient Physiotherapy Treatment				
Outpatient cancer treatment				
Outpatient kidney dialysis treatment, per year	50,000	40,000	30,000	20,000
Accidental death benefits	10,000	7,500	5,000	5,000
Deductible per Disability per Policy Year	10,000	10,000	10,000	10,000
Overall annual limit	150,000	100,000	75,000	50,000

Age at next birthday (years)	Annual premium (RM)			
30 days to 18 years (child)	178.00	153.00	135.00	118.00
19 - 35 years	245.00	210.00	185.00	160.00
36 - 40 years	284.00	243.00	214.00	184.00
41 - 45 years	323.00	276.00	242.00	209.00
46 - 50 years	389.00	332.00	292.00	251.00
51 - 55 years	467.00	398.00	349.00	300.00
56 - 60 years	556.00	474.00	415.00	356.00
61 - 65 years	712.00	606.00	531.00	453.00
66 - 70 years (renewal only)	956.00	813.00	712.00	607.00
71 - 75 years (renewal only)	1,434.00	1,220.00	1,068.00	911.00
76 - 80 years (renewal only)	2,151.00	1,829.00	1,602.00	1,366.00
81 - 85 years (renewal only)	3,227.00	2,744.00	2,403.00	2,049.00
86 - 90 years (renewal only)	4,840.00	4,116.00	3,605.00	3,073.00
91 - 95 years (renewal only)	7,260.00	6,174.00	5,407.00	4,609.00
96 - 100 years (renewal only)	10,889.00	9,261.00	8,110.00	6,914.00

Note:

- Premium rates above will take effect from 1/6/2020
- Premium is subject to RM10 Stamp Duty, and 6% Service Tax for Corporate policy.
- Premium charged is based on age at next birthday and it will increase with age upon renewal.
- Premium rates are based on standard health status. Loading will be imposed on health conditions and other factors.
- Occupations categorized under Class 3 shall be imposed a loading of 15%.
- A Group discount of 5% is allowed on the premium for a Group Policy.

Frequently Asked Questions

1. Who is eligible to enrol for Medic Plus?

Any Malaysian or permanent resident of Malaysia aged 30 days to 65 years and policy is renewable up to age 100.

2. When does my cover begin?

From the day your proposal form is accepted and upon full settlement of your premium. But in respect to sickness/illness only, there is a Qualifying Period of 30 days before the insurance commences.

3. Will it be easy for me to get admitted in a hospital with Medical Card?

Yes, it is easy for a readily confirmed covered disability. All you have to do is to call Asia Assistance Network at Hotline 03-7628 3780 or 03-7841 5600 for assistance.

4. Am I covered outside Malaysia?

Yes, you are covered only up to 90 days from the day you leave Malaysia but only for emergency and non chronic illnesses, and upon written referral. (Please refer to the policy condition on 'Overseas Treatment'.)

5. What are the exclusions?

Generally the Policy does not cover:

- Sickness arising within the first 30 days of insurance
- Pre-existing Conditions. 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 12 months of your insurance cover.
- Specified illness occurring during the first one hundred twenty (120) days of continuous cover of an Insured Person.
- Cosmetic treatments, Dental conditions or refractive errors of the eyes except due to accidental injury, Congenital abnormalities, Pregnancy related conditions, AIDS or 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, underwater activities and criminal activities.

6. 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 a Pre-existing Condition where the condition is one for which:

- The Insured Person had received or is receiving treatment;
- Medical advice, diagnosis, care or treatment has been recommended;
- Clear and distinct symptoms are or were evident; or
- Its existence would have been apparent to a reasonable person.

7. What is Specified illnesses?

Specified illnesses mean the following Disabilities and its related complications:

- Hypertension, cardiovascular disease and diabetes mellitus
- All tumours, cancers, cysts, nodules, polyps, stones of the urinary and biliary system
- All ear, nose (including sinuses) and throat conditions
- Hernias, haemorrhoids, fistulae, hydrocele, varicocele
- Endometriosis including disease of the Reproductive System
- Vertebro-spinal disorders (including disc) and knee conditions

8. What is a Deductible?

This is the amount that must be borne by you before Medic Plus can indemnify you.

9. What happens if my Policy has lapsed and I want to reapply?

You will be subjected to the usual Exclusion on Pre-existing Conditions, Specified Illnesses and Qualifying Period of 30 days all over again. Hence we encourage you not to let your Medic Plus Policy lapse.

10. What is the consequence of non-disclosure of material facts in the proposal form?

You are to disclose all matters 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.

11. Who is Tokio Marine Insurans (Malaysia) Berhad?

We are a subsidiary of Tokio Marine Asia Pte. Ltd. which in turn is owned by Tokio Marine Holdings, Inc. Japan - one of the largest insurer in the world. Please visit our website for more information at tokiomarine.com.