

MEDICAL

ONEMEDIC *ELITE*

That serves all your medical protection needs



Member of PIDM

PROTECTION BY PIDM ON BENEFITS PAYABLE FROM THE UNIT PORTION OF THIS PRODUCT IS SUBJECT TO LIMITATIONS. Please refer to PIDM's TIPS Brochure or contact Generali Life Insurance Malaysia Berhad or PIDM (visit www.pidm.gov.my).





One Medical Plan That Helps You To Make The Right Decision

Every day you are presented with options and we want to make sure the choice that you made is helping you to become better every day. One of the important choices you have to make is buying medical insurance for yourself and your family.

There are many medical insurance products available in the market and we are here to help you make the right choice by offering you **OneMedic Elite**, the one medical plan that provides you and your family a peace of mind with comprehensive medical coverage.

OneMedic Elite also comes with value-added features that allow you to enjoy more savings from lower insurance charges with deductible options and No Claim Bonus.



Key Benefits

Inflation Defender

To give you a peace of mind on the rising medical cost in the future, this plan offers you a special feature that automatically increases your medical coverage. Your initial Annual Limit will increase by 10% for every 5 policy years starting from the rider effective date, subject to a maximum of 100% of your initial Annual Limit.

We always on the forefront of technology development and we want to help you take advantage of medical technology. Therefore, OneMedic *Elite* will provide you reimbursement up to RM30,000 for **genomic test for cancer**. At the same time, you can access to holistic treatments which include **chiropractic, acupuncture and traditional and complementary medicines** that help in your recovery.

Value-added Coverage

Cash Relief in the event of Medical Quarantine

In the event you suffer from any disease that require you to be admitted in an isolation ward of government hospital, we will pay double of the **Daily Allowance for Hospitalisation in Government Hospital**, so that it can support your daily living expenses and you can focus on your recovery. This coverage is very relevant in the current situation of pandemic threats.



Key Benefits

Daily Allowance for Hospitalisation in Government Hospital

A daily allowance for you when you are hospitalised in a normal ward for any admission in a government hospital.

We wish to provide you a lifetime of coverage and thus it is necessary to have unlimited lifetime medical limit to support you up to age 100¹. Also, no lifetime limit for Out-Patient Cancer Treatment and Kidney Dialysis.

No Lifetime Limit

No Claim Bonus

Enjoy an increasing No Claim Bonus up to a maximum of 20% discount on your insurance charges.

Choose your options of deductible to enjoy further rebate on your insurance charges if your employer or you decide to first pay a selected amount on your medical expenses while we will reimburse the remaining medical expenses. There are 4 deductible options, the higher the deductible amount, the higher the discount on your insurance charges.

Deductible

¹ With optional coverage term of 30 years or up to age 80, and this plan will be guaranteed to be renewed without evidence of insurability at your option up to age 100 provided that the basic plan is still in-force. You will be notified at least 90 days prior to the expiry age of this rider.

Schedule Of Benefits

Plan	Elite 1	Elite 2	Elite 3
Annual Limit (applicable to benefit no. 1 to no. 16)	RM1,000,000	RM1,600,000	RM2,700,000
Lifetime Limit	No limit		
Inflation Defender	Applicable		
Deductible	RM300, RM20,000, RM50,000 or RM100,000		
Section A: In-Patient and Surgical Benefit (for any one disability)			
1 Hospital Room and Board (daily maximum)	RM200	RM250	RM300
Maximum number of days	150 days for any one disability		
2 Intensive Care Unit	As charged		
Maximum number of days	150 days for any one disability		
3 In-Patient Related Fees			
(a) Hospital Supplies and Services (including medical report charges up to RM200 per hospitalisation)			
(b) Surgical Fees			
(c) Anaesthetist Fees			
(d) Operating Theatre Fees			
(e) In-Patient Prescribed Medicines			
(f) In-Patient Diagnostic Procedures and In-Patient Physiotherapy	As charged		
(g) In-Patient Physician Visit (up to 2 visits per day per physician)			
4 Ambulance Fees			
5 Daily Guardian Benefit (for child aged below 15 years or senior aged above 65 years)			
Maximum number of days	150 days for any one disability		
6 Daily Allowance for Hospitalisation in Government Hospital	RM60 per day		
Maximum number of days	60 days for any one disability		
7 Additional Daily Allowance for Hospitalisation in Government Hospital Isolation Ward	RM60 per day		
Maximum number of days	30 days for any one disability		

Schedule Of Benefits

Plan	Elite 1	Elite 2	Elite 3
Section B: Out-Patient Benefit (for any one disability)			
8 Day Surgery and Daycare Surgical Procedure			
9 Pre-Hospitalisation Benefit (within 60 days before hospitalisation) (a) Consultation (b) Diagnostic Tests (c) Medication and Treatment		As charged	
10 Post-Hospitalisation Benefit (within 150 days after hospital discharge) (a) Medication and Treatment (b) Out-Patient Physiotherapy ²			
11 Chiropractic and Acupuncture Treatment (within 150 days after hospital discharge)	Up to RM1,000	Up to RM2,000	Up to RM3,000
12 Out-Patient Kidney Dialysis Treatment			
13 Out-Patient Cancer Treatment		As charged	
14 Home Nursing Care Maximum number of days		180 days per lifetime	
15 Emergency Accidental Out-Patient and Follow-up Treatment (within 30 days from the date of an accident)		As charged	
Section C: Special Benefit			
16 Intraocular Lens		Up to RM6,000 per lifetime	
17 Traditional and Complementary Medicine for Cancer and Stroke	Up to RM5,000 per lifetime	Up to RM20,000 per lifetime	Up to RM30,000 per lifetime
18 Genomic Test for Cancer			
19 No Claim Bonus		Applicable	
20 International Emergency Medical Evacuation	Not applicable		Up to RM500,000 per policy year
21 International Emergency Medical Repatriation			
- Benefit no. 17 to no. 21 are not subject to Annual Limit, and any claims made under these benefits will not reduce the Annual Limit. - Benefit no. 7 is payable in addition to Benefit no. 6. - Please refer to the frequently asked questions for more details on the deductible, Inflation Defender, No Claim Bonus and Genomic Test for Cancer. - Please refer to the supplementary contract for full benefit description.			

² Physiotherapy must be performed in the same hospital which the Insured is hospitalised.

Frequently Asked Questions

1. Who can insured under OneMedic Elite?

Coverage Term Option	Entry Age	
	Minimum	Maximum
30 years	15 days old	70 years old
Up to age 80	15 days old	50 years old

However, it is subject to our underwriting requirements.

2. How can I take up OneMedic Elite?

You can add OneMedic Elite to our investment-linked insurance plan. Please check with your agent or contact us for more details.

3. How much do I have to pay?

The insurance charges you have to pay depends on your attained age, gender, occupation, health condition and the type of plan you choose. The insurance charges payable will increase according to your attained age.

Insurance charges are payable throughout the entire duration of the riders. You must inform us of any change in your occupation, avocation and sports activities as it may affect the insurance charges and terms and conditions of the plan.

4. Are the insurance charges payable guaranteed?

Insurance charges are not guaranteed but renewability is guaranteed. We reserve the right to revise the insurance charges at policy anniversary by giving you at least 90 days' notice if the overall claim experience of this class of business is worse than expected.

5. How does the No Claim Bonus work?

If you have not made any claim under OneMedic Elite for at least 2 consecutive policy years, you are eligible for a discount on the insurance charge for the following policy year according to the table below.

Number of Consecutive Policy Years With No Claim	Discount on Insurance Charges (%)
Less than 2 policy years	0%
2 policy years	8%
3 policy years	10%
4 policy years	15%
5 policy years or more	20%

Once there is any claims made under OneMedic Elite, any discount applicable on a specified policy year will cease. You will be eligible for the discount again if no claims are made for at least 2 consecutive policy years.

Frequently Asked Questions

6. How does deductible work?

The reimbursement of any eligible expenses is always subject to deductible amount.

Deductible Amount (RM)	Conditions
300	You must first pay the deductible amount for total eligible expenses incurred for any one disability and we shall reimburse the excess, if any. Deductible applies to benefit no. 1 to no. 14 of the Schedule of Benefits.
20,000, 50,000 or 100,000	You must first pay the deductible amount for total eligible expenses incurred for each policy year and we shall reimburse the excess, if any. The total eligible expenses accumulated for a particular policy year shall not be carried forward to the next policy year. Deductible applies to benefit no. 1 to no. 18 of the Schedule of Benefits.

(a) An example for deductible RM300:

A 30 years old male purchased the OneMedic *Elite* 1 plan with RM300 deductible. He was admitted to hospital on December 2020 due to appendicitis. After 3 days of hospitalisation, he was discharged from hospital with a medical bill of RM10,000.

Assuming the total eligible medical expense is RM10,000. Based on the selected deductible option, he must first pay RM300 and the balance of RM9,700 will be payable by OneMedic *Elite*.

(b) An example for deductible RM20,000:

A 30 years old male purchased OneMedic *Elite* 1 plan with RM20,000 deductible. He was admitted to hospital on December 2020 due to heart attack. After 5 days of hospitalisation, he was discharged from hospital with a medical bill of RM45,000.

Assuming the total eligible medical expense is RM45,000. Based on the selected deductible option, the first RM20,000 will be paid by him or his other medical plan, and the balance of RM25,000 will be payable by OneMedic *Elite*.

Within the same policy year, he was admitted to hospital again due to appendicitis. After 3 days of hospitalisation, he was discharge from hospital with a medical bill of RM10,000.

Assuming the total eligible medical expenses is RM10,000. Based on the selected deductible option, the full amount of RM10,000 will be payable by OneMedic *Elite*.

7. How does Inflation Defender work?

The Annual Limit will be increased by 10% of the initial Annual Limit at the end of every 5 policy years starting from the rider effective date. This benefit shall not exceed 100% of the initial Annual Limit of the plan.

8. How does Genomic Test for Cancer work?

OneMedic *Elite* covers the genomic testing for Cancer which is used to determine the treatment option upon diagnosis of Cancer. Predictive genetic testing is specifically excluded for this benefit.

This benefit is subject to the lifetime limit as stated in the Schedule of Benefits. Once the lifetime limit is exhausted, this benefit shall immediately cease to be payable.

Frequently Asked Questions

9. When does the cover begin?

The coverage begins immediately after the rider has commenced for hospitalisation due to accidents. There is a waiting period of 120 days for specified illnesses and 30 days for any other causes.

Specified illnesses refer to the following disabilities and its related complications:

- Hypertension, diabetes mellitus or cardiovascular disease;
- Growths of any kind including tumours, cancers, cysts, nodules, polyps, kidney stones or gall bladder stones;
- Any diseases of the ear, nose (including sinuses) or throat;
- Hernias, haemorrhoids, fistulae, hydrocele or varicocele;
- Any diseases of the reproductive system including endometriosis; or
- Any disorders of the spine (including but not limited to a slipped disc) or any knee conditions.

10. Is the renewal guaranteed?

OneMedic *Elite* is guaranteed to be renewed without evidence of insurability at your option up to age 100 provided the basic plan is still in-force. There is no selective renewal loading or exclusion regardless of the claim made during the previous year. However, the renewal of the rider is at your option until the occurrence of any one of the following:

- Fraud or misrepresentation of material fact during application;
- This rider is cancelled/surrendered at your request;
- On the death of the insured;
- The basic plan to which this rider is attached to terminates, matures, expires or lapses;
- On the policy anniversary prior to the insured attaining the expiry age of this rider, provided that the renewal privilege of this rider has not been exercised; or
- On the policy anniversary on or following insured's 100th birthday, provided that the renewal privilege of this rider has been exercised.

11. Where can I get the latest list of panel hospitals?

You can view our latest list of panel hospitals on our official website at www.generali.com.my.

12. How do I make a claim?

Where applicable, cashless facility will be provided to the panel hospital for your admission. It is best for you to arrange for the medical report before any hospital admission for a pre-planned treatment. Depending on the hospital, you may be required to pay a deposit and the deposit amount may vary from hospital to hospital. Upon discharge, the hospital will provide the final diagnosis and the itemised bill. You only need to settle any deductible, ineligible or excess expenses which are not covered.

In the circumstances of non-cashless admission, you are advised to pay for the treatment first and after being discharged, file a claim with us.

Cashless facility does not guarantee full payment of your final medical bill which may include excess and excluded items which must be paid by you.

Please notify us within 30 days of any occurrences for admission to non-panel hospitals, out-patient treatment or any claims which have been settled by you. Please submit the claim form, original itemised bills, receipts and other relevant claim documents to us for processing.

Frequently Asked Questions

13. Where can I check my policy coverage and limits?

You can check on MyGenerali Customer Portal or call us at 1 300 13 2121 or +603 3007 2121.

14. What are the consequences of switching policy from one insurer to another?

You may be subject to new underwriting requirements, full waiting period and any applicable period for the exclusion of specific illnesses or pre-existing conditions of the new plan.

Definition of Occupation Classes

- Class 1: Persons engaged in professional, administration, managerial, clerical and non-manual occupations generally.
- Class 2: Persons engaged in work of a supervisory nature and others not in Class 1 whose duties may involve occasional light manual work but not using tools or machinery or not exposing them to any special hazards. Persons who are required to travel outside office for business or professional purposes but not engaging in manual labour.
- Class 3: Persons engaged in manual work not of particularly hazardous nature but involving the use of tools or light machinery.
- Class 4: Persons engaged in heavy manual work involving the use of heavy tools and machinery.

Important Notes

We believe it is important that you fully appreciate and understand all the benefits and charges under this plan.

1. This insurance plan is underwritten by Generali Life Insurance Malaysia Berhad 200601003992 (723739-W) ("We/ Us/ Our"), a company licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.
2. You should satisfy yourself that these riders will best serve your needs and that the premium payable under the policy is an amount you can afford.
3. If you are not completely satisfied with this rider, you may return this rider and request the cancellation of this rider within 15 days from the date this rider is delivered to you provided no claim has been made. We will then refund to you any insurance charge that has been deducted for this rider less any medical expenses incurred.
4. Please read this brochure together with the basic plan's brochure. For further information, you may refer to the sales illustration.
5. OneMedic Elite does not cover any hospitalisation, surgeries or charges incurred caused directly or indirectly, wholly or partly, by any one of the following occurrences:
 - Pre-existing illnesses;
 - Specified illnesses occurring within the waiting period;
 - Any disabilities, medical or physical conditions and its signs and symptoms occurring within the waiting period, except for injuries due to accidents;
 - Circumcision, eye examination, refractive surgery or surgical procedure for visual impairments due to astigmatism, farsightedness or nearsightedness (Radial Keratotomy or Lasik), glasses or contact lenses, High-intensity Focused Ultrasound (HIFU), rhizolysis, robotics surgery that aided surgical procedure and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof;

Important Notes

- Dental conditions including dental treatment or oral surgery except as necessitated by injuries due to accidents to sound natural teeth occurring during the period of insurance;
- Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related Diseases, and any communicable diseases requiring quarantine by law (This exclusion does not apply to any Hospitalisation, Surgery, charges incurred or death, whichever is applicable, due to Coronavirus Disease (COVID-19));
- Any treatments or surgical operation for congenital conditions or deformities including hereditary conditions;
- Pregnancy, pregnancy related condition or its complications, 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 sterilisation;
- Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examinations, general physical or medical examinations that are not related whether directly or indirectly to treatment or diagnosis of a covered disability, any treatments which is not medically necessary, tests and investigations done for the purpose of excluding diagnosis other than the final diagnosis in which final treatment is rendered, any preventive treatments, preventive medicines or examinations carried out by a physician, and any treatments specifically for weight reduction or gain or bariatric surgery;
- Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
- War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots, civil commotion or insurrection;
- Biological or chemical contamination, ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
- Expenses incurred for donation of any body parts or organs by the Insured and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications;
- Investigation and treatment of sleep and snoring disorders, hormone replacement therapy, placenta/serum therapy, chelation therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to acupressure reflexology, bone setting, herbalist treatment, traditional and complementary medicine (unless otherwise specified), supplementary medicine, vitamin, nutritional herb, massage or aroma therapy or other alternative treatment;
- 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 and disabilities arising out of duties of employment or profession that is covered under a workman's compensation insurance contract;
- Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations) and any other conditions classified under the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV Codes) as published by American Psychiatric Association;
- 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;
- 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;
- Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;

Important Notes

- Expenses incurred for sex changes;
 - Any treatments directed towards developmental delays and/or learning disabilities of an Insured;
 - Any treatments which only offer temporary relief of symptoms on any long-term illnesses and diseases rather than dealing with the underlying medical condition;
 - Any diagnostic tests, procedures, blood tests, investigations or screenings that are not directly related to the final diagnosis and treatment for the covered disability; or
 - Cosmetic/aesthetic/plastic surgery or treatment, or treatment which relates to or is needed because of previous cosmetic treatment. However, We will pay for the reconstructive surgery if:
 - (a) it is carried out to restore function or appearance after an accident or following surgery for a medical condition, provided that the Insured has been continuously covered under this rider since before the occurrence of accident or surgery;
 - (b) it is done at a medically appropriate stage after the accident or surgery; and
 - (c) We agree, in writing, to the cost of the treatment before it is done.
6. This brochure contains only general information about the products and does not in any way represent a policy. For a detailed description of the terms and conditions and exclusions of the products please refer to the official policy issued by Us.

Our comprehensive range of insurance plans to
meet your financial needs at every stage of your life:

PROTECTION

MEDICAL

SAVINGS

INVESTMENT-LINKED

OneMedic Elite 102025

Generali Life Insurance Malaysia Berhad

200601003992 (723739-W)

Generali Customer Service Centre
Level 1, Menara Generali, 27, Jalan Sultan Ismail,
50250 Kuala Lumpur, Malaysia



www.generali.com.my



1 300 13 2121 or +603 3007 2121



1300 80 0020



customer.service.life@generali.com.my

