

eMedic Plus: Frequently Asked Questions (FAQ)

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

About eMedic Plus	
Question	Answer
What is eMedic Plus?	eMedic Plus is a yearly renewable standalone medical insurance that pays for your hospital bills. If you are admitted to a hospital, eMedic Plus will cover you.
How long will eMedic Plus cover me?	eMedic Plus provides coverage up to 80 years old.
What illness does eMedic Plus cover?	eMedic Plus covers almost any illness, disease, medical condition or accident as long as it requires hospitalisation to a hospital.
Does eMedic Plus cover Critical Illness?	Yes, eMedic Plus covers hospitalisation/in-patient charges related to a Critical Illness.
Does eMedic Plus cover Cancer?	Yes, eMedic Plus covers hospitalisation/in-patient charges related to Cancer.
Does eMedic Plus cover kidney disease?	Yes, eMedic Plus covers hospitalisation/in-patient charges related to kidney disease.
Is medical checkup required to purchase eMedic Plus?	No, medical checkup is not required. However, you have to answer a few health questions when purchasing eMedic Plus online.
What hospitalisation services are covered?	eMedic Plus covers the following hospitalisation charges: • Hospital room and board • Intensive Care Unit (ICU) • Hospital supplies and services • Surgical fees • Prescription medicines • Ambulance fees • Daycare surgical procedures • Consultation and diagnostics procedures before hospitalisation • Post hospitalisation care and physiotherapy For the full coverage list, please refer to the eMedic Plus fact sheet, Product Disclosure Sheet and policy contract in our corporate website.
What is the Room & Board limit?	eMedic Plus provides coverage for Hospital Room & Board of up to RM250 per day. If you choose a room higher than RM250, you just need to pay the difference. There is no limit on the number of days for Hospital Room & Board accommodation, up to the Annual Limit of your chosen plan.
Does eMedic Plus cover clinic visits?	eMedic Plus covers clinic visits only for the following situations: • Bodily injury resulting from an accident (up to 3 visits for any one disability) • Consultation and diagnostic procedures before hospitalisation for an illness (up to 3 clinic visits per hospitalisation) Please note that eMedic Plus does not cover clinic visits for any common sickness like fever, cough or cold.
What is Inflation Defender benefit?	The Annual Limit of the plan will be increased by 10% of the initial Annual Limit as stated in the Schedule of Benefits at the end of every 5 policy years starting from the policy issue date. The amount of this benefit shall not exceed 50% of the initial Annual Limit as stated in the Schedule of Benefits.
What is No Claim Rewards benefit?	If no claim has been made under this policy for one policy year, you will be eligible for No Claim Rewards at the end of the policy year. This benefit will be payable to you in cash equivalents such as but not limited to e-voucher or cash voucher and to be sent via email. The payment method of this benefit is subject to change from time to time as determined by us.
Can I claim income tax relief from eMedic Plus?	Yes. You are eligible for income tax relief for medical insurance subject to the provisions of the Income Tax Act and Inland Revenue Board.
What is not covered by eMedic Plus (exclusions)?	eMedic Plus does not cover an illness or medical condition that you already have (pre-existing illnesses). For the full list of exclusions, please refer to the eMedic Plus fact sheet, Product Disclosure Sheet and policy contract in our corporate website.

Eligibility	
Question	Answer
At what age is a person eligible to apply for eMedic Plus?	Both Malaysians and non-Malaysian within the following age range can apply for eMedic Plus coverage: • Children aged between 15 days old and 15 years old • Adults aged between 16 years and 55 years old Only adults are allowed to purchase an eMedic Plus plan. Parents and legal guardians can purchase an eMedic Plus plan for their children. Non-Malaysians must have a visa with a validity period of at least 3 months.
Can I buy eMedic Plus to fulfil visa requirements?	No. Non-Malaysians must already have a valid visa before purchasing eMedic Plus.
Can I buy eMedic Plus if I already have a medical condition or illness?	No. You can instead apply for medical insurance through our agents and submit your medical reports for our review.

eMedic Plus Family Plan	
Question	Answer
What is eMedic Plus Family Plan?	eMedic Plus Family Plan lets you group your family members in a single medical insurance package. You no longer have to purchase separate plans for your loved ones.
What are the advantages of eMedic Plus Family Plan?	Instead of separate plans and payments for each family member, you now have just one family package and monthly payment . It's easier to manage and even more affordable as eMedic Plus Family Plan comes with a 5% discount on total monthly payment!
Who can be included in the family plan?	The eMedic Plus Family Plan must consist of at least 2 persons in any of the following combinations: • Husband and wife • Married parents and child(ren) • Single parent and child(ren) Please note the following: • Parents must be married to each other • Children must be related to one or both parents by blood
Can extended family members and friends be included in the family plan?	No. The family plan must consist of a nuclear family in which the parents are married and children are related to one or both parents biologically.
Can adopted children be included in the family plan?	Currently, the family plan can only include children who are related to one or both parents biologically.
What is the age range for 'child' and 'adult'?	Age ranges are defined as follows: • Children: 15 days old to 15 years old • Adults: 16 years old to 55 years old Only adults are allowed to purchase an eMedic Plus plan. Parents can purchase an eMedic Plus plan for their children.
What if my child is aged 16 years or higher?	Children aged 16 years and above are defined as adults and can purchase a separate individual eMedic Plus plan. They cannot be included in your family plan.
What if the parent is aged below 16 years?	A parent below 16 years old is defined as a child. His/her parents or legal guardian can purchase an eMedic Plus plan for him/her.
After purchasing the family plan, can I add/remove family members?	Currently, you can't add family members after purchase. However, removing family members are allowed after purchase.
What if the parents divorce after purchasing the family plan?	The family plan remains valid even if the parents divorce. There will be no changes to coverage for all members in the family plan.
Is the Annual Limit shared by all family members?	No, Annual Limit is not shared among family members. Each family member will have his/her own Annual Limit. If one member is hospitalised, the Annual Limits of the other family members are not affected.
Is the eMedic Plus Digital Medical Card shared by all family members?	No, it is not shared. Each family member will receive his/her own eMedic Plus Digital Medical Card and Policy Number.
After purchase, how long does it take for approval?	If your eMedic Plus Family Plan includes a spouse, he/she will receive an email for confirmation. Your spouse must respond to the email within 3 days for your family plan to be approved. If your spouse does not respond within 3 days or declines the application, the family plan will be canceled and you will receive a full refund. For family plan with a single parent, approval is immediate after purchase.

Coverage and Premium	
Question	Answer
How many plans does eMedic Plus have?	eMedic Plus has 4 plans you can choose from: Plan 20: Annual Limit of RM20,000 every year for hospitalisation Plan 50: Annual Limit of RM50,000 every year for hospitalisation Plan 100: Annual Limit of RM100,000 every year for hospitalisation Plan 150: Annual Limit of RM150,000 every year for hospitalisation
What is the difference between the plans?	The only difference is the Annual Limit and No Claim Rewards. The other coverage benefits are the same for all plans.
What is Annual Limit?	Annual Limit is the total amount that eMedic Plus will cover for your hospitalisation bills in one year.
What is the maximum amount eMedic Plus will cover throughout the coverage period?	There is no lifetime limit to the amount that eMedic Plus covers for the duration of your plan. The Annual Limit will reset every year no matter how much is used the previous year. Example, if you have an eMedic Plus plan with Annual Limit of RM100,000 and use RM30,000 for medical bills in a year, your Annual Limit will reset back to RM100,000 in the following year. This process will continue every year until age 80 when your coverage ends.
What is Deductible?	If you select Deductible, you enjoy lower monthly premiums but you will have to pay the first RM1,000 of the hospital bill for each hospitalisation. Example: The eligible expenses incurred for the medical bill is RM10,000. You will first pay RM1,000, we cover the balance of RM9,000. Please take note that Deductible is compulsory for the Insured entry age 40 and above.
Can I change the Deductible option after purchasing the eMedic Plus policy?	Yes. However, removing Deductible is considered as an upgrade to the policy. Upgrade of plan is subject to new underwriting requirements, full waiting period, any applicable period for the exclusion of specific illnesses or pre-existing conditions of the new plan. Please ensure that the eMedic Plus plan you choose is sufficient for your needs before proceeding for purchase.
Does eMedic Plus have co-insurance?	No, eMedic Plus does not have co-insurance.
How much does eMedic Plus cost?	The monthly premium payment for eMedic Plus can go as low as RM35 for an individual. Your own premiums will be depending on your age and plan selected. Check out your monthly premium payment immediately at our corporate website!
Why is eMedic Plus so affordable?	We keep costs low by making eMedic Plus available to you online without involving third party. The same benefits that you generally enjoy by shopping online also applies to eMedic Plus – easy and affordable.
How do I make payment for eMedic Plus?	You can pay the premium with your credit card, debit card or via online banking, on a monthly or yearly basis.
How does the payment process work?	There are two transactions you need to perform for a successful first payment: First transaction - RM1 will be deducted from your credit card/bank account as an authorisation for us to automatically charge your card/account every month. Second transaction - the remaining amount will be deducted and we will issue the policy. If you choose credit card, you will be redirected to your respective credit card issuing bank. Log into your online bank account and select credit card to complete the transaction. Payment will be deducted from your card, not account. After this first payment, future monthly payments will be auto-deducted from your credit card/bank account. Please ensure there is sufficient credit/funds in your account. You can also opt to pay on a yearly basis. Note: the first transaction of RM1 is NON-REFUNDABLE.
How much discount for annual payment?	If you pay annually, you get a 5% discount on total yearly premiums.
How long will it take to approve my eMedic Plus purchase?	For Malaysians, approval is immediate upon successful payment. For non-Malaysians, approval can take around 3 to 5 working days.
How do I renew my eMedic Plus policy?	On the anniversary of the policy, you will receive an email with instructions on how to renew the plan.
Is eMedic Plus renewal guaranteed?	Yes. Renewal is guaranteed for as long as premiums are paid on time. It does not matter if you have made a claim in the previous year.
Can I purchase more than one eMedic Plus policy?	Each customer can purchase only one eMedic Plus policy.
Can I downgrade or upgrade my plan?	Yes. Any upgrade and downgrade of plan shall take effect from the anniversary based on policy anniversary date of the product. However, upgrade of plan is subject to new

	underwriting requirements, full waiting period, any applicable period for the exclusion of specific illnesses or pre-existing conditions of the new plan. Inflation Defender will be reset and any accumulated Inflation Defender will not be carried forward to the upgraded/downgraded plan.
Can I buy eMedic Plus through an agent or over-the-counter?	No and it's not necessary! You can buy it online in just 5 minutes. It's really fast and easy.

Digital Medical Card and Policy Documents	
Question	Answer
When will I get my eMedic Plus medical card and policy documents?	All purchases go through a standard vetting procedure. You should receive your policy documents via email within 7 working days. Your e-medical card will be available to you via the Customer Portal after you receive your policy documents from us.
How do I use the eMedic Plus card?	The eMedic Plus digital card is a picture that you can save on your mobile device. If you are hospitalised, just show the card at the admission counter. It has all the details the hospital needs to verify your eMedic Plus medical insurance.
When can I use the eMedic Plus card?	You can use the eMedic Plus medical card immediately for accidents. There is a 30-day waiting period for other illness and medical conditions. For specified illnesses like cancer, high blood pressure or diabetes, there is a 120-day waiting period. For more details, please refer to the eMedic Plus fact sheet, Product Disclosure Sheet and policy contract in our corporate website.
Will I get a physical medical card?	With eMedic Plus, you don't need a physical medical card. Just save the eMedic Plus Digital Medical Card (image) on your mobile device. Upon hospitalisation, just show the card at our panel hospital for cashless admission. You can also access your eMedic Plus Digital Medical Card in the Our Customer Portal. You can choose to download the card to your mobile device or print it out whenever you want.

Hospital Admission and Claims	
Question	Answer
Do I need to pay first if I am admitted to hospital?	If you go to our panel hospital, you won't have to pay. Just present your eMedic Plus Digital Medical Card and we will settle the bill directly with the hospital. If you go to a non-panel hospital, you will need to pay the bill first and then make a claim with us to get reimbursement. However, some hospitals may require a deposit that you will need to pay on your own first. The deposit is refundable by the hospital.
What is the procedure for admission to a panel hospital?	At the hospital admission counter, just show the staff your eMedic Plus Digital Medical Card on your mobile device. We will issue a Guarantee Letter (GL) and settle the bill directly with the hospital. What if you don't have your digital card at hospital admission? No problem. Inform them that you are insured with Generali Life Insurance Malaysia Berhad and the Third-Party Administrator (TPA) is MediExpress. Give them your Name and IC. 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. For help, call our 24/7 Hospitalisation Hotline at 1300-80-0020.
Where can I get the panel hospital listing?	Please refer to our corporate website for the panel hospital listing.
How do I make a claim?	There are a few ways to submit claims: 1) Email the Claim Form to customer.service.life@generalilife.com.my. You can download the form at our corporate website. 2) Walk-in to any of our branches. Locate the nearest branch 3) Submit your claim via our Customer Portal Submit these documents together with the Claim Form: 1) Medical claim form (by doctor) – not applicable for follow up visit 2) Itemized Medical Bill – detailed medical expenses issued by the hospital 3) Payment receipts issued by the hospital 4) Photocopy of your NRIC Do note that claims are only necessary for non-panel hospitals. At our panel hospitals, your admission is payment-free.

When will I get my claims?	You should get reimbursement within 14 days once we have received all the required documents (provided there are no complications with your claim request). Do note that claims are only necessary for non-panel hospitals. At our panel hospitals, your admission is payment-free.
Can I use eMedic Plus for overseas hospitalisation?	For hospital admission overseas, you need to pay the bills on your own first then submit a claim to us. Claims will be reimbursed based on the reasonable and customary charges charged for similar procedures done locally. Only Malaysian is eligible to overseas hospitalisation claims. For non-Malaysians, you can only use eMedic Plus within Malaysia, not in overseas.

Help and Information	
Question	Answer
Where can I get more information and advice?	You can also contact us at: Telephone : 1 300 13 2121 or +603 3007 2121 Medical Card : 1300 80 0020 Email : customer.service.life@generali.com.my