

HEALTHCARE

INTERNATIONAL EXCLUSIVE



Member of PIDM

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



InternationalExclusive, the cover you can trust

Whether you live within Asia or are travelling abroad, you'll want to be assured that should anything happen to you or your family by way of an illness or injury, you'll have access to the best possible medical care.

While abroad, you may find that the standards of healthcare that we take for granted aren't always available elsewhere. Private facilities are often prohibitively expensive. Local hospitals may be unable to undertake the treatment you need or to arrange transportation to the nearest available healthcare facility in an emergency.

The reassurance of access to private healthcare for you and your family has become more important. **InternationalExclusive** is an international health insurance that provides a range of options to suit your particular needs. The entry age is up to 80.

In-patient cover

Hospital charges incurred during an in-patient hospital stay are covered to give you peace of mind throughout your hospital treatment. This includes charges for accommodation and cash benefit if you receive free treatment within your area of cover.

Additionally, if your child is covered on your policy and is under 18, your plan will cover accommodation expenses for you to stay with them in hospital.

Out-patient cover

Most of our plans offer full out-patient benefits including cover for general practitioner and specialist consultations, prescribed drugs and dressings and necessary diagnostic tests, and vaccinations up to the limits shown.

Plan 1 also includes health screening, pregnancy and delivery benefits, routine dental care and routine optical care for you.



Wherever you are in the world

Depending on where in the world you reside, travel to or wish to receive treatment there are three geographical areas of cover designed to suit your needs, including Asia[#], Worldwide excluding USA[△], and Worldwide.

Whichever area of cover is selected, you can receive medical treatment not only in your country of residence, but also in any other country within the chosen area of cover.

Additional benefits

By choosing **InternationalExclusive** you will also have access to the following benefits:

24-hour claims enquiry

We recognise that some of our customers need to be able to contact us at any time of the day for information on their benefits or to discuss a claim. This is especially true for customers who are travelling, or reside outside of Asia where different time zones would otherwise present challenges. With our health services team, you are able to contact us wherever you are and at whatever time is convenient for you.

Pre-existing and chronic conditions covered

Our plans provide you with some cover for pre-existing conditions after a waiting period. To be sure of these benefits please ensure you declare your existing conditions on the application form. Non pre-existing chronic conditions are covered in full under Plans 1, 2 and 3.

Comprehensive pregnancy and delivery benefit

After 12 months of consecutive membership our Plan 1 includes a pregnancy and delivery benefit. Unexpected medical complications that occur during the pregnancy are covered under most of our plans after 12 months of consecutive membership.

Get your hospital bills paid directly

We can settle in-patient bills directly with numerous hospitals worldwide which are listed in our international directory of hospitals. However, if you're looking to have treatment at a hospital where we don't have such an arrangement, let us know prior to treatment commencing. We may still be able to make arrangements to settle bills directly with the hospital. You then don't need to worry about having to make a pre-payment on admission to the hospital.

International Emergency Medical Assistance

As a core benefit of all our plans, our overseas evacuation and repatriation service is available wherever you are in the world, 24 hours a day, 365 days a year.

This means that in the case of an emergency and if, in the opinion of our appointed doctor, you can't get the prompt in-patient treatment you need locally, we will arrange to move you to the nearest appropriate facility where it is available. Whether that's to another country, your principal country of residence or your home country, it's just a phone call away.

So, if you need emergency treatment, wherever you are in the world, we will assist you to get the treatment you need. And in the unfortunate event of a member dying outside their home country, we will also arrange to bring their body back to a port or airport in their principal country of residence or their home country.

This is in addition to the 24-hour claim enquiry.



Benefits Table

Please note: benefit values are per person each year unless otherwise specified and are reduced each time you claim only by the net amount

PLAN	PLAN 1	PLAN 2
Overall annual limit		
Yearly maximum up to	RM9,000,000	RM7,000,000
Area of cover		
Area of cover	1. Worldwide 2. Worldwide excluding USA [△] 3. Asia [#]	1. Worldwide 2. Worldwide excluding USA [△] 3. Asia [#]
Outside area of cover	Emergency treatment only	Emergency treatment only
Level of Reimbursement	Reasonable and customary (R&C) charges	Reasonable and customary (R&C) charges
In-patient and daycare treatment (including surgery, consultations, consumables etc.)		
Daily accommodation charges	Standard single room	Standard single room
Parent Accommodation up to	RM500 per night	RM500 per night
Cash benefit	RM700 per night	RM500 per night
Pre-Hospitalisation treatment	Included within the 'General Practitioner and Specialist Subject to the terms and conditions applied for 'General Practitioner	
Post-Hospitalisation treatment	Included within the 'General Practitioner and Specialist Subject to the terms and conditions applied for 'General Practitioner	
Out-patient treatment (including diagnostics, prescribed drugs, dressings etc.)		
General Practitioner and Specialist Consultation Charges	Included	Included
Courses of chiropractic treatment, acupuncture, homeopathy and osteopathy up to	RM3,600	RM3,600
Traditional Chinese Medicine up to	RM180 per visit up to 20 visits per year	RM180 per visit up to 20 visits per year
Courses of physiotherapy	Included	Included
Radiotherapy and/or Chemotherapy	Included	Included
Kidney Dialysis	Included	Included
Other Benefits		
Health screen up to	RM3,000 - available only after 12 months membership	No benefit
Pre-existing conditions up to	Years 1 & 2: RM7,000 Available only after 9 months membership Subsequent years: RM14,000	Years 1 & 2: RM7,000 Available only after 9 months membership Subsequent years: RM14,000
Maintenance of non pre-existing chronic conditions	Included	Included
Oral and maxillofacial surgery	Included	Included
Ambulance transport	Included	Included
International Emergency Medical Assistance	Included	Included
Psychiatric treatment up to	RM24,000	RM14,000
Accidental damage to teeth	Included	Included
Pre and post natal complications	Included - available only after 12 months membership	Included - available only after 12 months membership
Pregnancy and delivery up to	RM43,000 - available only after 12 months membership	No benefit
Vaccination up to	RM4,800	RM3,800
Routine dental care up to	80% of eligible expenses incurred up to RM3,800	No benefit
Routine optical care up to	RM900	No benefit
Hospice and palliative care up to	RM120,000 in a member's lifetime Available only after 12 months membership	RM95,000 in a member's lifetime Available only after 12 months membership

Important Notes

- Please refer to the premium table for details of charges.
- Full details of the policy cover, pre-authorisation, definitions and exclusions are contained in your policy wording, personal handbook and membership agreement.
- Generali Insurance Malaysia Berhad requests all clients to provide a disclosure or updated disclosure of any employees or dependents located in sanctioned countries. If you have any employees and/or their dependents working, residing or spending time in sanctioned countries or regions, you must notify us in writing immediately.

(less any deductible or co-insurance) we have actually paid. Please refer to the policy wordings on full terms applying to these benefits.

PLAN 3	PLAN 4 (IN-PATIENT PLAN)
RM3,000,000	RM3,000,000
1. Worldwide 2. Worldwide excluding USA [△] 3. Asia [#]	1. Worldwide 2. Worldwide excluding USA [△] 3. Asia [#]
Emergency treatment only Reasonable and customary (R&C) charges	Emergency treatment only Reasonable and customary (R&C) charges
Standard single room RM500 per night RM500 per night	Standard single room RM500 per night RM500 per night
Consultation Charges' benefit. and Specialist Consultation Charges' benefit.	Included for one consultation, prescribed investigations and essential medications received as an out-patient within 60 days prior to a hospitalisation.
Consultation Charges' benefit. and Specialist Consultation Charges' benefit.	Included for follow-up out-patient consultation and treatment received within 90 days following the discharge from the hospital.
Included	Included if it is part of pre-hospitalisation treatment or post-hospitalisation treatment. Subject to the limitations applied for 'Pre-hospitalisation treatment' or 'Post-hospitalisation treatment' benefits.
RM3,600	No benefit
RM180 per visit up to 20 visits per year	No benefit
Included	Included if it is part of post-hospitalisation treatment and subject to the limitations applied for 'Post-hospitalisation treatment' benefit.
Included	Included
Included	Included
No benefit	No benefit
RM3,500 Available only after 12 months membership	RM3,500 Available only after 12 months membership
Included	No benefit
Included	Included
Included	Included
Included	Included
RM14,000	No benefit
Included	Included
Included - available only after 12 months membership	No benefit
No benefit	No benefit
RM1,300	No benefit
No benefit	No benefit
No benefit	No benefit
RM95,000 in a member's lifetime Available only after 12 months membership	RM60,000 in a member's lifetime Available only after 12 months membership

We define Asia as

Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, Vietnam

△ We define Worldwide excluding USA as

Worldwide excluding USA and US Minor Outlying Islands

Questions you may have...

Will I be covered for any illnesses I've had in the past?

Yes, after the length of waiting period as stated for your chosen plan, provided you declare on the application form any illness you have had in the past and your application is accepted by us, we will cover related treatment up to the amount shown under the pre-existing condition benefit of your plan.

Will I be covered for long-term illnesses?

Yes, maintenance of chronic conditions arising after joining the plan is fully covered for Plan 1, 2 and 3 under the maintenance of non pre-existing chronic conditions benefit. Pre-existing chronic conditions are covered under the Pre-existing conditions benefit provided they were declared on the application form and application is accepted by us.

How can I be sure that I'm covered before I go ahead with treatment?

Just ring our health services team with the details of your proposed treatment. They will confirm your cover before you incur any treatment costs.

Am I protected if I travel outside my chosen area of cover?

Worldwide cover ensures you are never outside your area of cover. If you choose Asia[#] or Worldwide excluding USA[△] cover, we do still provide cover for Emergency Treatment.

Is there a dental benefit?

Accidental damage to teeth benefits is included on all our plans. Routine dental treatment is included under Plan 1.

Can I cover my children too?

Yes, you can include any unmarried children under the age of 21 on your policy for an additional premium. When they reach 21 they will be required to take out their own policy.



Can I choose where I get treatment?

Yes, you can visit any medical practitioner within your area of cover provided they are registered. You are free to go anywhere. We have contractual agreements with a number of medical centres where we have preferred rates. Use of the network applicable to your plan will minimise delays in settling any claims you may need to make.

Do you always pay claims in full?

All claims are paid on a 'reasonable and customary' basis. If the cost for the treatment of your illness or injury is above the reasonable cost for the same treatment in the same area, we may not be able to settle the claim in full.

What do you mean by 'reasonable and customary'?

We consider charges for medical care as 'reasonable and customary' to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable treatment.

We will base that calculation on a combination of our global experience, statistical information provided by local health authoritative body and information collected from medical specialists and surgeons practicing in the country or area where the treatment is received.

Will I be penalized if I go outside the Generali network?

No additional penalty is applicable if you go outside the Generali network but we may not be able to settle the claim in full where the cost is higher than what is 'reasonable and customary' for your plan. Please note we may not always be able to arrange direct settlement facilities outside the network.

Will you settle my claims on direct billing or reimbursement basis?

For hospitalization, you have access to direct billing facilities within our international directory of hospitals within your area of cover. Out-patient claims, wherever incurred, will be on reimbursement basis whether you are using the network or not.

What happens if I move to another country?

Contact us and we will, wherever possible, help you to transfer to another appropriate Generali healthcare policy without any additional medical underwriting.

Expert Health Information



As a member you will have access to our health information service, Expert Health Information. All calls are made in complete confidence.

Supported by one of the largest electronic medical libraries in Europe, you can get free, immediate help and information 24 hours a day, 365 days a year.

Although this award winning service isn't there to replace your doctor, it's reassuring to know you can pick up the phone and talk to a professional whenever you wish. They can also send free fact sheets and leaflets on a wide range of medical issues, conditions and treatments.

This distinctive service is staffed by:

- Registered nurses, midwives and pharmacists who have over 300 years' combined experience.
- Counsellors who have at least five years' post qualification experience and are specially chosen with the skills to handle issues confidentially over the telephone.

To make things easier when you call, Expert Health Information is split into the following 'clinics':

- Family Clinic – babies, toddlers, teenage trouble, pregnancy or retirement.
- Care and Counselling Clinic – stress, addiction, depression or bereavement.
- Pills and Prescriptions Clinic – medicines, side effects and pain relief.
- Travel Clinic – inoculations, taking children abroad and medical advice by country.
- Healthy Living Clinic – exercise, diet, drinking, smoking and cholesterol control.
- Men's Health Clinic – prostate issues, testicular cancer, impotence and fertility.
- Women's Health Clinic – fertility, screenings, menopause and osteoporosis.

Expert Health Information does not take the place of your medical practitioner, nor does it diagnose or prescribe.



Important Information

Please read the key terms and conditions below.

1. Exclusions

This policy does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

- treatment of any medical condition which the member already had when he or she joined and which you should have told us about but did not tell us at all or did not tell us everything unless we had agreed otherwise in writing that there was no need for you to tell us. This includes any medical condition or symptoms whether or not being treated and any previous medical condition which recurs or which the member should reasonably have known about even if he or she has not consulted a medical practitioner.
- pregnancy or childbirth(delivery) unless this is specifically included in your benefits. We will not pay for treatment of any medical condition which is due to and occurs during the pregnancy if the pregnancy was a result of assisted means or any form of assisted conception or if the child is through surrogacy.
- investigations into and treatment of infertility, contraception, assisted reproduction, sterilisation (or its reversal) or any consequence of any of them or of any treatment for them.
- treatment of impotence or any consequence of it.
- treatment of sexually transmitted diseases.
- sex change including treatment which arises from or is directly or indirectly made necessary by a sex change.
- treatment of any medical condition which arises in any way from HIV infection.
- the costs of collecting donor organs for transplant surgery or any administration costs involved even if such transplants are allowed by the terms of this plan.
- treatment which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempt at suicide.
- treatment which arises from or is in any way connected with alcohol or drug or substance abuse; all types of classes/courses/programs such as but not limited to cessation of alcohol, smoking/nicotine, drugs, substance.
- any treatment to correct refractive defects of the eyes such as long or short-sightedness or astigmatism unless allowed for by your plan
- claims in respect of treatment received outside the area of cover or if the member travelled against medical advice even inside the area of cover.
- any charges which are incurred for social or domestic reasons or for reasons which are not directly connected with treatment.
- any charges for treatment related to and/or the correction of congenital conditions and/or deformities whether or not manifest and/or diagnosed or known about at birth.

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

2. Definition of Pre-Existing Conditions

Pre-existing Conditions shall mean medical conditions/disabilities that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

- a) the Insured Person had received or is receiving treatment; or
- b) medical advice, diagnosis, care or treatment has been recommended; or
- c) clear and distinct symptoms are or were evident; or its existence would have been apparent to a reasonable person in the circumstances.

3. Waiting Periods & Co-insurance

- a) Our In-patient and Daycare Treatment, Out-patient Treatment, Routine Optical Care, Psychiatric Treatment & Vaccination benefits will be covered from the date of commencement of cover.
- b) The following benefits will not be payable during the specified waiting periods:

BENEFITS	WAITING PERIOD (From date of commencement of cover)
Health Screen, Pre and Post-natal Complications, Pregnancy and Delivery, Hospice and Palliative Care.	12 months
Pre-existing conditions	9 months (Plan 1 and 2) 12 months (Plan 3 and 4)

- c) A 20% co-insurance is applicable to routine dental benefit available under Plan 1. No other co-insurance/deductible is applied to any other benefits.

4. Change of Principle Country of Residence

If you change your principal country of residence (the country where you live or intend to live for most of the year being 185 days or more) you must tell us as this may affect your eligibility.

5. Outside Area of Cover

If you are outside the area of cover, we will only provide cover for emergency treatment. We will, in consultation with the treating medical practitioner, retain the right to determine what constitutes 'emergency' treatment. There is no coverage for treatment for any condition if you have travelled outside your area of cover to get treatment (whether or not that was the only reason) or for any treatment which was, or may have reasonably been known about, before travel commenced. Under no circumstance will benefit be payable for any aspect of pregnancy or childbirth.

6. Policy Renewal/ Renewal Premium

- a) This is a yearly renewable policy. Unless renewed, the coverage will cease on expiry date and the insurance company shall strictly not be liable for any expenses that take place after the expiry date. On or before the expiry of your policy, and subject to our acceptance, you may renew this policy by paying the premium applicable at the time of renewal. This shall not apply in the event that the policy expires, or is terminated or cancelled in accordance with the terms of this policy and you should subsequently wish to reapply for insurance cover under this policy.
- b) Premium rates are not guaranteed and the premium payable at renewal shall be determined at each renewal based on the attained age of each member, the premium rates then in effect, and any other factors which may materially affect the risks insured.
- c) We have the right to cancel or change all or any part of your policy from any renewal date by giving you at least thirty (30) days written notice prior to the renewal date. We will not change the terms of your policy alone simply as a result of your personal claims. However, we will make changes only to reflect any past or foreseeable changes in medical practice or procedures and the claims experience. The purpose of such changes will be to seek, as far as possible, to maintain substantially the same level and type of cover in place while ensuring that the plan remains affordable.

7. Free-look Period

You have a free-look period of 15 business days from the date that you receive this Policy to review it. You are deemed to have received the Policy within 3 days after we have dispatched it. If you decide that this Policy does not suit your needs, you may request to cancel it by giving us clear, written instructions and returning the Policy documents and membership card(s) to us within the free-look period. Provided that no claims have been made during this period, we shall refund the premiums paid by you in full without interest. This free-look period shall not apply to policy renewals.

8. Disadvantages of Switching Policy

One of the main disadvantages is if your current health status is less favourable to the new insurer, new terms may be imposed to exclude such illness. To ensure continuous cover is provided, you are advised to check with us on the accepting terms prior to your policy expiry date.

9. Needs and Affordability

You should satisfy yourself that this policy will best serve your needs and that the premium payable under the policy is an amount that you can afford.

Should you require additional information about our **InternationalExclusive** Policy, you may contact us or your insurance agent. For additional information about medical and health insurance, please refer to the insurance info booklet on 'Medical & Health Insurance', which is available at all our branches. You can also obtain a copy of the booklet from your insurance agent or visit www.insuranceinfo.com.my.

Notes



Generali Insurance Malaysia Berhad

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GENERALI

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

This brochure is not a contract of insurance. The precise terms, conditions and definitions are specified in the insurance policy.

Important Note:

1. Read this brochure before you decide to take out the InternationalExclusive Policy. Be sure to also read through the general terms and conditions of the Product Disclosure Sheet.
2. You should read and understand the insurance policy and discuss with the intermediary or contact us directly for more information.