

ACCIDENT & HEALTH

MULTI MEDI-PLUS



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)



MULTI MEDI-PLUS

Hospitalisation & Surgical

Many of us are aware that medical cost is on the rise, and most of us are not financially prepared to face this rising medical cost and only rely on medical coverage provided by our employers. As a result, in the event of any critical and life-threatening disease, we may have to use our hard-earned savings, loan, or borrow some money from friends to pay for the medical cost.

With **Multi Medi-PLUS**, you and your family members will have:

WORLDWIDE* 24-HOUR COVER

Regardless of where you and your family members are, **Multi Medi-PLUS** covers you 24 hours a day and anywhere in the world, whether you travel for holidays or business assignments.

*subject to the limitations of the Policy

EXTENSIVE AND COMPREHENSIVE BENEFITS

You and your family members have the following benefits:

- Lodger Fees for parents if a Child below 15 years old is hospitalised
- Second Surgical Opinion
- Daycare and Outpatient Surgery
- Outpatient Cancer Treatment and Kidney Dialysis
- Home Nursing Care
- Accidental Death Benefit

CONDITIONAL RENEWAL POLICY

After two (2) years of continuing insurance, your policy is renewable at your option up to 101 years old subject to the Lifetime Limit. The Company reserves the right to revise the premium rate applicable at the time of renewal and that the Company continues to offer **Multi Medi-PLUS** to the public.

EXTENSIVE AGE COVER

Anyone who is from the age of thirty (30) days to sixty (60) years old based on last birthday is eligible to apply. Renewal can be extended to 101 years old.

Note:

Child: from 30 days to 18 years old, unmarried and unemployed. Extension up to 23 years if studying full-time at a local institution of higher learning.

HASSLE-FREE HOSPITAL ADMISSION FOR COVERED CONDITIONS

Your hospital admission and discharge process will become less hassle with our Generali Malaysia Medical Card. Our appointed Managed Care Organisation (MCO) will facilitate the admission of anyone at the participating hospitals for our policyholders who are suffering from a Covered Condition. A pre-certification of your coverage and suffered condition with doctor's report will be carried out by our MCO, and if everything is in order, an initial guarantee will be placed with the hospital for your admission. A subsequent guarantee will be given, if required.

Upon discharge, you will only need to settle any amount that is not payable by the policy, or any excess amount due to limitation of coverage, or any amount due to deductible or co-insurance portion.

If you are suffering a condition which is Non-Covered Condition, or you have been admitted into a non-participating hospital, or the eligibility of coverage under the policy cannot be verified, then you will have to pay for the medical expenses upon discharge. You have the right to submit your claim for the payment made with full documentation to us for assessment.

Generali Malaysia Medical Card will be given to the insured and/or his or her spouse/children (if included). The Medical Card can only be accepted in participating Private Hospitals only.

No hospital admission guarantee will be given for the first thirty (30) days of the Insured Person's cover or date of reinstatement, whichever is latest except for Accidental injuries. Claim, if any and payable, shall be based on reimbursement only.

SCHEDULE OF BENEFITS	MP500 (RM)	MP350 (RM)	MP220 (RM)	MP150 (RM)	MP120 (RM)
A. IN-HOSPITALISATION BENEFITS					
A1. Hospital Room & Board, per day - up to 150 days	500	350	220	150	120
A2. General Nursing Care & Services, per day - up to 150 days	100	80	70	70	50
A3. Intensive Care Unit, per day up to 30 days	Full Reimbursement				
A4. Hospital Supplies & Services					
A5. Operating Theatre Fees					
A6. Surgical Fees & Post-Operative Care					
A7. Anaesthetic Fees					
A8. In-Hospital Physician's Visits, per day - up to 150 days					
A9. Lodger Fees, per day - up to 30 days for child below 15 years old	250	150	100	100	60
B. PRE-HOSPITALISATION BENEFITS					
B1. Diagnostic X-ray & Laboratory Test - within 60 days preceding confinement	Full Reimbursement				
B2. Specialist's Consultation - within 60 days preceding confinement					
B3. Second Surgical Opinion, with referral from doctor - within 60 days preceding confinement	5,000	4,000	3,500	2,000	2,000
C. POST-HOSPITALISATION BENEFITS					
C1. Post Hospitalisation Treatment - within 60 days following discharge	Full Reimbursement				

SCHEDULE OF BENEFITS	MP500 (RM)	MP350 (RM)	MP220 (RM)	MP150 (RM)	MP120 (RM)
D. OUT-PATIENT & OTHER BENEFITS					
D1. Daycare Surgery (inclusive of all incidental services & supplies)	Full Reimbursement				
D2. Emergency Accidental Outpatient Treatment - within 24 hours & up to 30 days follow-up treatment	Full Reimbursement in excess of RM200 per accident				
D3. Emergency Accidental Outpatient Dental Treatment - within 24 hours & up to 14 days follow-up treatment					
D4. Ambulance Fees	Full Reimbursement				
D5. Outpatient Physiotherapy Treatment - within 90 days from discharge					
D6. Outpatient Cancer Treatment - maximum per policy year	40,000	30,000	25,000	20,000	15,000
D7. Outpatient Kidney Dialysis Treatment - maximum per policy year	30,000	25,000	20,000	15,000	15,000
D8. Home Nursing Care - within 60 days following discharge	10,000	7,500	7,500	5,000	5,000
D9. Accidental Death Benefit	5,000	5,000	3,000	3,000	3,000
D10. Government Hospital Daily Cash Allowance, per day - up to 150 days	150	100	75	60	60
D11. Medical Report Fee	100	100	100	100	100
E. POLICY LIMIT					
E1. OVERALL ANNUAL LIMIT per Insured Person	125,000	100,000	70,000	50,000	50,000
E2. LIFETIME LIMIT per Insured Person applicable after two consecutive years	450,000	300,000	210,000	150,000	150,000

DEDUCTIBLE PER YEAR

DEDUCTIBLE PER YEAR	DISCOUNT (%) FROM ANNUAL PREMIUM RATE
RM500	5%
RM2,500	15%
RM5,000	25%

DEDUCTIBLE

You can choose a deductible amount to reduce your premium. This deductible will be applied to eligible medical expenses incurred, per insured person each policy year. All insured persons under the same policy must have the same deductible.

You may adjust your deductible amount during the annual renewal, but it cannot be changed during the policy year. The Deductible does not apply to Emergency Accidental Outpatient Treatment, Emergency Accidental Outpatient Dental Treatment, Outpatient Kidney Dialysis, Outpatient Cancer Treatment, Accidental Death Benefit and Treatment sought at a Malaysian Government Hospital.

ANNUAL PREMIUM RATE

AGE BANDS (Age last birthday)	PLAN				
	MP500 (RM)	MP350 (RM)	MP220 (RM)	MP150 (RM)	MP120 (RM)
30 days ~ 6 years	1,070	805	600	530	520
7 years ~ 12 years	990	750	560	490	480
13 years ~ 18 years	960	725	545	475	460
19 years ~ 25 years	1,165	895	680	585	570
26 years ~ 30 years	1,270	1,010	765	660	640
31 years ~ 35 years	1,400	1,120	850	730	710
36 years ~ 40 years	1,540	1,230	935	805	780
41 years ~ 45 years	1,820	1,460	1,100	950	925
46 years ~ 50 years	2,300	1,840	1,355	1,170	1,140
51 years ~ 55 years	3,430	2,740	1,865	1,610	1,570
56 years ~ 60 years	4,380	3,500	2,375	2,050	1,995
61 years ~ 65 years (for renewal only)	6,275	5,020	3,395	2,930	2,850
66 years ~ 70 years (for renewal only)	7,860	6,285	4,240	3,660	3,560
71 years ~ 75 years (for renewal only)	9,190	7,350	5,425	4,685	4,560
76 years ~ 80 years (for renewal only)	12,635	10,110	7,460	6,440	6,270
81 years ~ 85 years (for renewal only)	13,785	11,025	8,140	7,025	6,840
86 years ~ 90 years (for renewal only)	17,230	13,780	10,175	8,785	8,545
91 years ~ 95 years (for renewal only)	21,825	17,460	12,885	11,125	10,825
96 years ~ 101 years (for renewal only)	25,270	20,215	14,920	12,880	12,535

Note:

- Premium rates shown are subject to RM10 Stamp Duty. (Individuals are excluded from Service Tax).
- The above premiums are quoted based on standard health and physical status as determined by the Company. If the health and physical conditions are not satisfactory, the Company reserves the rights to adjust the premium or impose certain restrictions on the coverage or reject the application.
- Premium charged is according to the age of last birthday. Each Insured Person has to pay a premium according to the plan selected and age.
- Eligible Age**
 Adult – up to 60 years old. Renewal to be extended below 101 years.
 Child – from 30 days to 18 years old, unmarried and unemployed.
 Extension up to 23 years if studying full time at a local institution.
- Renewal premium will be automatically adjusted if entering into the next age band.
- Renewal premium may also be reviewed if there is any material change in the Insured Person's occupation, business, duties or pursuits, or any injury, disease, physical defect or infirmity of which the Insured Person has become aware of or been affected.
- A Family Discount of 10% is given for a family policy with three or more Insured Persons under the same Policy. Family refers to immediate family members, that is a husband, wife and their child or children. Three or more Insured Persons of a family can be a combination of either 'husband, wife and at least one child' or 'either husband or wife and at least two children'.

COMMISSION TABLE

15% Commission payable to intermediaries from the annual premium paid. Commission is included in the premium rate.

AGE BANDS (Age last birthday)	PLAN				
	MP500 (RM)	MP350 (RM)	MP220 (RM)	MP150 (RM)	MP120 (RM)
30 days ~ 6 years	160.50	120.75	90.00	79.50	78.00
7 years ~ 12 years	148.50	112.50	84.00	73.50	72.00
13 years ~ 18 years	144.00	108.75	81.75	71.25	69.00
19 years ~ 25 years	174.75	134.25	102.00	87.75	85.50
26 years ~ 30 years	190.50	151.50	114.75	99.00	96.00
31 years ~ 35 years	210.00	168.00	127.50	109.50	106.50
36 years ~ 40 years	231.00	184.50	140.25	120.75	117.00
41 years ~ 45 years	273.00	219.00	165.00	142.50	138.75
46 years ~ 50 years	345.00	276.00	203.25	175.50	171.00
51 years ~ 55 years	514.50	411.00	279.75	241.50	235.50
56 years ~ 60 years	657.00	525.00	356.25	307.50	299.25
61 years ~ 65 years (for renewal only)	941.25	753.00	509.25	439.50	427.50
66 years ~ 70 years (for renewal only)	1,179.00	942.75	636.00	549.00	534.00
71 years ~ 75 years (for renewal only)	1,378.50	1,102.50	813.75	702.75	684.00
76 years ~ 80 years (for renewal only)	1,895.25	1,516.50	1,119.00	966.00	940.50
81 years ~ 85 years (for renewal only)	2,067.75	1,653.75	1,221.00	1,053.75	1,026.00
86 years ~ 90 years (for renewal only)	2,584.50	2,067.00	1,526.25	1,317.75	1,281.75
91 years ~ 95 years (for renewal only)	3,273.75	2,619.00	1,932.75	1,668.75	1,623.75
96 years ~ 101 years (for renewal only)	3,790.50	3,032.25	2,238.00	1,932.00	1,880.25

ESSENTIAL TERMS AND CONDITIONS

WAITING PERIOD

No benefits will be payable for any medical or physical conditions arising or contracted within the first thirty (30) days of the Insured Person's cover or date of reinstatement except for accidental injuries. This shall not be applicable for renewal or Take-Over policy. However, if there is any lapse(s) in the insurance, the Waiting Period will apply again.

PRE-EXISTING ILLNESS

Disability 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
- 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.

SPECIFIED ILLNESSES

The following disabilities and their related complications, occurring within the first 120 days of Insurance of the Insured Person:

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

UPGRADED ROOM AND BOARD CO-PAYMENT

If the Insured Person is hospitalised at a Published Room & Board rate, which is higher than his/her eligible benefit, the Insured Person shall bear 20% of the other eligible benefits described in the Schedule of Benefits.

GEOGRAPHICAL TERRITORY

All benefits provided in this Policy are applicable worldwide for 24 hours a day.

LOCAL TREATMENT CLAUSE

If the Insured Person is a non-Malaysian and his application has been approved, the coverage and benefits provided in respect of the Insured Person, including his family members if insured, are applicable within Malaysia only.

RESIDENCE OVERSEAS

No benefit whatsoever shall be payable for any medical treatment received by the Insured Person outside Malaysia, if the Insured Person resides or travels outside Malaysia for more than 90 consecutive days.

TAKE-OVER POLICY

Take-Over Policy can be considered if this Policy is to commence immediately upon termination of a preceding policy and the cover must be continuous. A copy of the previous Policy and Schedule must be attached together with the **Multi Medi-PLUS** Application Form. If the Insured Person shall have been afflicted with a medical disability prior or at the time this Policy commenced (and benefits under the preceding policy would have been available to him), such Insured Person shall continue to be covered for the existing disability, but not to exceed the limits of the previous policy or on condition the Company has secured a copy of the preceding policy.

UPGRADING OF PLANS/BENEFITS

Application for change or upgrading of plans or benefits can only be made on Policy Anniversary Date and it is subject to completion of Application Form and acceptance by the Company.

COOLING-OFF PERIOD

If this Policy shall have been issued and for any reason whatsoever the Insured Person shall decide not to take up the Policy, the Insured Person may return the Policy to the Company for cancellation provided such request for cancellation is delivered by the Insured Person to the Company within 15 days from the date of delivery of the Policy. The Insured Person is entitled to the return of the full premium paid less deduction of medical expenses incurred by the Company in the issuance of the Policy.

PORTFOLIO WITHDRAWAL CONDITION

The Company reserves the right to cancel the portfolio as a whole if it decides to discontinue underwriting this **Multi Medi-PLUS**.

Notice of any cancellation of the whole portfolio shall be given by written notice to the policyholder and the Company will run off all policies to expiry of the period of cover within the portfolio.

CONDITIONAL RENEWABLE POLICY

This policy is renewable at your option subject to the terms, conditions and termination at each of the anniversary of the Policy date. The renewal premium payable is not guaranteed and the Company reserves the right to determine the premium applicable specifically to each Insured Person at the time of renewal. Such changes, if any, shall be applicable to all Policyholders irrespective of their claim experience according to the Company's risk assessment.

This policy is renewable at your option of Policyholder until the occurrence of any of the following:

- Non-payment of premium or premium not made on time
- Fraud or misrepresentation of material facts during application
- The policy is cancelled at your request
- Total claims of the policy have reached the lifetime limit specified
- On the death of the Insured Person
- The Insured Person ceases to qualify as a dependent based on the definition of the policy
- The Insured Person attains the coverage age limit specified
- Termination of coverage for all policies in a certain market
- The Company withdraws this policy completely from the market in accordance with the Portfolio Withdrawal Condition

EXCLUSIONS OF MULTI MEDI-PLUS

This Policy does not cover the following treatments, items, services, products or conditions:

1. Any medical or physical conditions arising or contracted within the first thirty (30) days of the Insured Person's cover or date reinstatement, whichever is latest except for accidental injuries.
2. Pre-Existing Illness.
3. Specified Illnesses occurring during the first one hundred and twenty (120) days of continuous cover.
4. 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 Person and Disabilities arising out of duties of employment or profession that is covered under a Workmen's Compensation Insurance Contract.
5. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction or nearsightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
6. Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
7. Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law.
8. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
9. Pregnancy, childbirth (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 sterilization.
10. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations such as neropsychosis, schizophrenia and others).

11. Hospitalisation primarily for investigation purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
12. Costs/expenses of services that are non-medical in nature, such as televisions, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.
13. Sickness or Injury arising from racing of any kind (except foot racing), skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
14. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
15. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
16. War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
17. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
18. Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant.
19. Expenses incurred for sex changes.
20. Investigation and treatment of sleep and snoring disorders, and hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aromatherapy or other alternative treatment.

The above exclusions and limitations are not exhaustive. For more details, please refer to the policy wording.

IMPORTANT NOTICE TO OUR CUSTOMERS

1. This brochure is not a contract document. For details of terms, conditions and exclusions, please refer to the Policy.
2. You should satisfy yourself that this plan will best serve your needs and that the premium payable under this on Policy is an amount you can afford.
3. You should be aware that switching policy from one insurance company to another would subject your application to new underwriting requirements. In other words, new waiting period on Pre-Existing Conditions and Specified Illnesses, or Take-Over Policy or Upgraded Benefits Clause will be imposed on your policy.

Generali Insurance Malaysia Berhad

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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 Multi Medi-Plus Insurance 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.