

ACCIDENT & HEALTH

# MULTI MEDICAL PROTECTOR



## 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](http://www.pidm.gov.my))



# MULTI MEDICAL PROTECTOR

## Hospitalisation & Surgical

It is a fact that medical cost can be a strain and burden. You cannot predict when serious illness or accidents would strike you. All you can predict is that when it happens, not only would your health condition be deteriorated, but your finances would also be affected. Besides coping with the hefty hospitalisation costs, you may lose your income by being medically boarded out. Don't forget you still have to take care of your family's living expenses, as well as the medical expenses for recuperation. Worried? Concerned?

No more! With **Multi Medical Protector**, we will help ease your concern and help you and your family members to get on with life.

**Multi Medical Protector** is a specially tailored Hospital & Surgical Insurance for you. It provides a comprehensive coverage for surgery or treatment in hospital for all the Covered Conditions, whether it is a minor or major disability.

**Multi Medical Protector** provides you the solution through our enhanced and wide range of benefits. It not only covers you if you suffer from minor disabilities, it provides you even more benefits if you suffer from one of the defined Major Disabilities. In addition, it comes with a Medical Card that provides hassle-free hospital admission for Covered Condition. There is a 24-hour Helpline to facilitate hospital admission and provide answers to your queries.

## ENHANCED

- Nursing Care and Services are payable as a separate benefit. More coverage where it matters! Not lumped up together with Hospital Room & Board that is commonly offered!
- Home Nursing Care pays for the registered private nurse services after discharge from hospital. Better care, quicker recovery!

## WIDER & BETTER BENEFITS FOR MAJOR DISABILITIES

Additional and better benefits are provided for the **Defined Major Disabilities**:

- Higher and more payment for medical expenses incurred if suffering from **Major Disability**.
- **Recuperative Allowance** is paid in a lump sum if hospitalised for more than 5 consecutive days in Malaysian hospitals if suffering from **Major Disability**.
- **Hospitalisation Inconvenience** is paid as a Daily Cash Benefit when hospitalised for more than five consecutive days if suffering from **Major Disability**. This Daily Cash Benefit is paid from the sixth day onwards up to 15 days for hospitalisation in Malaysia private hospitals only.
- **Major Disabilities Relief** is payable in lump sum once diagnosed from suffering one of the defined **Major Disabilities**. This benefit is payable only once per lifetime, and there is a **30-day Waiting Period** for First Year Policy. Once diagnosed, there is a **30-day Survival Period** before benefit becomes payable.

## FAMILY DISCOUNT

- A 15% discount on total premium is given for a family Policy with four or more Insured Persons under the same Policy.
- Family is referred to immediate family members who are husband, wife and their child or children.
- Four or more Insured Persons of a family Policy can be a combination of “husband, wife and at least two children “or” either husband or wife and at least three children”.

## GENERALI MALAYSIA MEDICAL CARD

- With our **Generali Malaysia Medical Card**, hospital admission has been made simpler for any Covered Conditions.
- Our appointed Managed Care Organisation (MCO) will arrange for your hospital admission if the hospital is one of the participating panel hospitals.
- After pre-certification on your coverage and medical condition by the MCO, a guarantee for admission will be issued if everything is in order.
- You may be required to sign an Admission Letter of Understanding/Indemnity from our MCO, so that the MCO can get indemnified from you for any guaranteed amount, if there is any, that is not payable under the policy.
- Upon discharge from hospital, you are required to settle with the hospital for those charges of non-medical services.
- Under the circumstances of non-Covered Conditions, hospitalised in non-panel hospitals or unavailability to verify your cover, you may be required to pay the deposit or medical expenses incurred first and can proceed to file and submit the claim to us for processing.

Note: This brochure is not a contract document. For details of terms and conditions, please refer to the actual Policy.

# SCHEDULE OF BENEFITS

## PART I - BASIC MED BENEFITS

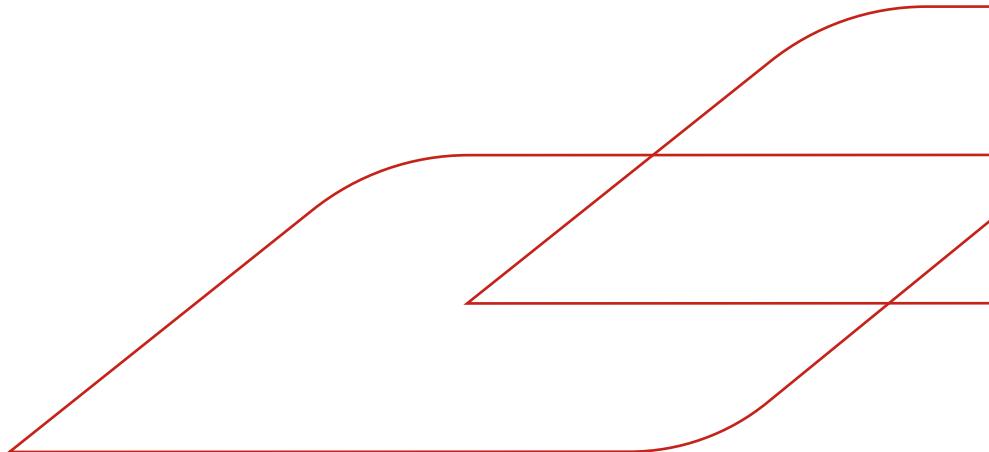
| Inpatient Benefits   | PLANS (MAXIMUM EACH DISABILITY) |               |               |               |               |
|--|---------------------------------|---------------|---------------|---------------|---------------|
|  | MP450 (RM)                      | MP350 (RM)    | MP220 (RM)    | MP160 (RM)    | MP110 (RM)    |
| 1. a) Hospital Room & Board, per day   | 450                             | 350           | 220           | 160           | 110           |
| b) Nursing Care and Service, per day up to 150 days  | 100                             | 80            | 70            | 70            | 30            |
| c) Lodger Fees - for Child below 15 years old  | 450                             | 350           | 220           | 160           | 110           |
| d) All eligible Inpatient Medical Expenses including Intensive Care Unit                                     | Full Reimbursement              |               |               |               |               |
| e) Malaysian Government Hospital Daily Cash Allowance per day up to 150 days                                 | 150                             | 100           | 75            | 60            | 50            |
| f) Medical Report Fee  | 100                             | 100           | 100           | 100           | 100           |
| Outpatient Benefits  |                                 |               |               |               |               |
| 2. a) Pre-Hospitalisation Specialist Consultation & Diagnostic Services within 60 days preceding confinement |                                 |               |               |               |               |
| b) Daycare surgery inclusive of all incidental services & supplies   |                                 |               |               |               |               |
| c) Post-Hospitalisation Physician Treatment - within 60 days after discharge from hospital                   |                                 |               |               |               |               |
| d) Emergency Accidental Outpatient Treatment - within 24 hours & up to 30 days follow-up treatment           | Full Reimbursement              |               |               |               |               |
| e) Emergency Accidental Outpatient Dental Treatment - within 24 hours & up to 14 days follow-up treatment    |                                 |               |               |               |               |
| f) Ambulance Fees  |                                 |               |               |               |               |
| g) Outpatient Physiotherapy Treatment - within 90 days after discharge                                       |                                 |               |               |               |               |
| h) Home Nursing Care, per day, up to 60 days   | 450                             | 350           | 220           | 160           | 110           |
| <b>OVERALL ANNUAL LIMIT - PART I</b><br><b>- Per Insured Person</b>  | <b>100,000</b>                  | <b>70,000</b> | <b>50,000</b> | <b>35,000</b> | <b>25,000</b> |

## SCHEDULE OF BENEFITS

### PART II - MAJOR MED BENEFITS

Specially for the Defined Major Disability, an Insured Person who suffers from one of these defined disabilities is entitled to have the following benefits subject to the Policy terms and conditions:

|  | MP450<br>(RM) | MP350<br>(RM) | MP220<br>(RM) | MP160<br>(RM) | MP110<br>(RM) |
|--|---------------|---------------|---------------|---------------|---------------|
| 1. All Eligible, Necessary & Reasonable Medical Expenses rendered as Inpatient for the Defined Major Disability - per Insured Person, Per Annum - in excess of reimbursement from PART I | 80,000        | 60,000        | 45,000        | 35,000        | 35,000        |
| 2. Monthly Outpatient Cancer Treatment or Kidney Dialysis - reimbursement within Policy Period only  | 6,000         | 5,000         | 4,000         | 3,000         | 2,000         |
| 3. Recuperative Allowance in lump sum, upon discharge - hospitalisation for more than 5 consecutive days (max per disability)  | 2,200         | 1,750         | 1,200         | 1,000         | 750           |
| 4. Hospitalisation Inconvenience per day, up to 15 days - in excess of 5 consecutive days of hospitalization (max per disability)  | 125           | 100           | 75            | 60            | 60            |
| 5. Major Disabilities Relief - in lump sum payment (once per lifetime) upon diagnosis of Defined Major Disability subject to 30 days waiting period & 30 days survival period            | 12,000        | 10,000        | 7,500         | 5,000         | 5,000         |



## ANNUAL PREMIUM RATE

| AGE BANDS (Age last birthday)           | MP450 (RM) | MP350 (RM) | MP220 (RM) | MP160 (RM) | MP110 (RM) |
|---|------------|------------|------------|------------|------------|
| 15 days ~ 10 years                      | 995        | 810        | 670        | 535        | 510        |
| 11 years ~ 18 years                     | 915        | 790        | 640        | 535        | 510        |
| 19 years ~ 25 years                     | 1,000      | 830        | 710        | 580        | 550        |
| 26 years ~ 30 years                     | 1,065      | 865        | 775        | 595        | 565        |
| 31 years ~ 35 years                     | 1,145      | 1,010      | 905        | 695        | 660        |
| 36 years ~ 40 years                     | 1,420      | 1,230      | 1,050      | 820        | 780        |
| 41 years ~ 45 years                     | 1,485      | 1,285      | 1,100      | 855        | 815        |
| 46 years ~ 50 years                     | 2,220      | 1,875      | 1,570      | 1,235      | 1,175      |
| 51 years ~ 55 years                     | 2,300      | 1,945      | 1,630      | 1,280      | 1,220      |
| 56 years ~ 60 years                     | 2,905      | 2,420      | 2,045      | 1,600      | 1,525      |
| 61 years ~ 65 years (for renewal only)  | 4,095      | 3,275      | 2,710      | 2,170      | 2,070      |
| 66 years ~ 70 years (for renewal only)  | 7,365      | 5,935      | 4,950      | 3,820      | 3,640      |
| 71 years ~ 75 years (for renewal only)  | 9,570      | 7,715      | 6,430      | 4,965      | 4,730      |
| 76 years ~ 80 years (for renewal only)  | 11,965     | 9,640      | 8,040      | 6,200      | 5,910      |
| 81 years ~ 85 years (for renewal only)  | 14,955     | 12,050     | 10,050     | 7,755      | 7,390      |
| 86 years ~ 90 years (for renewal only)  | 17,945     | 14,460     | 12,060     | 9,305      | 8,870      |
| 91 years ~ 95 years (for renewal only)  | 20,640     | 16,630     | 13,870     | 10,700     | 10,200     |
| 96 years ~ 101 years (for renewal only) | 23,735     | 19,125     | 15,950     | 12,305     | 11,730     |

### Note:

1. Premium rates shown are subject to 8% Service Tax (for business organisations only), and RM10 Stamp Duty. (Individuals are excluded from Service Tax).
2. The above premiums are quoted based on standard health and physical status. If the health and physical conditions are not satisfactory, we reserve the rights to adjust the premium or impose certain restrictions on coverage or reject your application.
3. Premium charged is according to age of last birthday.
4. Eligible Age
  - Adult - up to 60 years old, renewal (subject to yearly application and review) up to 101 years.
  - Child - from 15 days to 18 years old, unmarried and unemployed, extension up to 23 years if studying full time at a local institution.
5. Renewal premium will be automatically adjusted if entering into the next age group.
6. Renewal premium may be reviewed if there is any material change in his or her occupation, business, duties or pursuits or any injury, disease, physical defect or infirmity or which the Insured Person has become aware or been affected.
7. Renewal is on yearly basis and is at the option of the Company. Renewal may be invited on existing basis, with premium revision, with certain restriction of coverage or it may be declined due to certain circumstances.
8. Child can be insured on stand-alone but with either one of the parents applying as Policyholder or Insured. Only one child per policy is allowed.
9. You should be aware that switching policy from one insurance company to another would be subject to your application for new underwriting requirements. In other words, new waiting period on pre-existing conditions and specified illnesses, or Takeover Policy or Upgraded Benefits Clause will be imposed on your policy.

## COMMISSION TABLE

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

| AGE BANDS (Age last birthday)           | MP450 (RM) | MP350 (RM) | MP220 (RM) | MP160 (RM) | MP110 (RM) |
|---|------------|------------|------------|------------|------------|
| 15 days ~ 10 years                      | 149.25     | 121.50     | 100.50     | 80.25      | 76.50      |
| 11 years ~ 18 years                     | 137.25     | 118.50     | 96.00      | 80.25      | 76.50      |
| 19 years ~ 25 years                     | 150.00     | 124.50     | 106.50     | 87.00      | 82.50      |
| 26 years ~ 30 years                     | 159.75     | 129.75     | 116.25     | 89.25      | 84.75      |
| 31 years ~ 35 years                     | 171.25     | 151.50     | 135.75     | 104.25     | 99.00      |
| 36 years ~ 40 years                     | 213.00     | 184.50     | 157.50     | 123.00     | 117.00     |
| 41 years ~ 45 years                     | 222.75     | 192.75     | 165.00     | 128.25     | 122.25     |
| 46 years ~ 50 years                     | 333.00     | 281.25     | 235.50     | 185.25     | 176.25     |
| 51 years ~ 55 years                     | 345.00     | 291.75     | 244.50     | 192.00     | 183.00     |
| 56 years ~ 60 years                     | 435.75     | 363.00     | 306.75     | 240.00     | 228.75     |
| 61 years ~ 65 years (for renewal only)  | 614.25     | 491.25     | 406.50     | 325.50     | 310.50     |
| 66 years ~ 70 years (for renewal only)  | 1,104.75   | 890.25     | 742.50     | 573.00     | 546.00     |
| 71 years ~ 75 years (for renewal only)  | 1,435.50   | 1,157.25   | 964.50     | 744.75     | 709.50     |
| 76 years ~ 80 years (for renewal only)  | 1,794.75   | 1,446.00   | 1,206.00   | 930.00     | 886.50     |
| 81 years ~ 85 years (for renewal only)  | 2,243.25   | 1,807.50   | 1,507.50   | 1,163.25   | 1,108.50   |
| 86 years ~ 90 years (for renewal only)  | 2,691.75   | 2,169.00   | 1,809.00   | 1,395.75   | 1,330.50   |
| 91 years ~ 95 years (for renewal only)  | 3,096.00   | 2,494.50   | 2,080.50   | 1,605.00   | 1,530.00   |
| 96 years ~ 101 years (for renewal only) | 3,560.25   | 2,868.75   | 2,392.50   | 1,845.75   | 1,759.50   |

## ESSENTIAL DEFINITIONS, TERMS, CONDITIONS & EXCLUSIONS

1. **30-Days Waiting Period** means no benefit shall be payable for any illness occurring or contracted during the first 30 days of the effective date of this insurance for the First Year policy only.
2. **Pre-Existing Condition** means disability that Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of 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
3. **Specified illnesses** mean 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, cancer, cysts, nodules, polyps, stones of the urinary system and biliary system

- All ear, nose (including sinuses) and throat conditions
- Hernias, haemorrhoids, fistulae, hydrocele, varicocele
- Endometriosis including disease of the Reproduction system
- Vertebro-spinal disorders (including disc) and knee conditions

4. **30 days Waiting Period for Major Disabilities** means no benefits will be payable for **Major Disabilities Relief** (Part II - Benefit 5) if the major disability is diagnosed within the first 30 days of the effective date of this insurance for the first year policy with Multi Medical Protector.

5. **30 days Survival Period for Major Disabilities** means the lump sum benefit, **Major Disabilities Relief** (Part II - Benefit 5), will only be payable if you survive for 30 days upon from the date of definitive diagnosis.

6. **Defined Major Disabilities** are listed below:

|   |                                    |
|---|------------------------------------|
| • Stroke or cerebrovascular accident        | • Chronic Lung Disease             |
| • Heart Attack                              | • Encephalitis                     |
| • Kidney Failure                            | • Major Organ Transplant           |
| • Cancer                                    | • Brain Surgery                    |
| • Coronary Artery Disease requiring By-Pass | • Heart Valve Replacement          |
| • Chronic Liver Disease                     | • Multiple Sclerosis               |
| • Fulminant Viral Hepatitis                 | • Open Heart Surgery               |
| • Coma                                      | • Total Blindness                  |
| • Paralysis/Paraplegia                      | • Total Lost of Hearing / Deafness |
| • Major Burns                               | • Bacterial Meningitis             |

(Please refer to the Policy or Application Form for the full details and definitions of the Major Disabilities.)

7. **20% co-payment** means if you are hospitalised at a published Room & Board rate which is higher than your eligible benefit, you shall bear 20% of the other eligible benefit described in the Schedule of Benefits.

8. **Geographical Territory** means all benefits provided in this Policy are applicable worldwide for 24 hours a day for Malaysians only.

9. **Local Treatment Clause** means if the Insured Person(s) is a non-Malaysian and his application has been approved, the coverage and benefit provided in respect of this Insured Person, including his family members if insured, are applicable worldwide except his or their Home Country. A non-Malaysian shall be defined as a person who is not a Malaysian citizen. Home Country is defined as the country of residence of the Insured Person(s).

10. **Residence Overseas** means no benefit whatsoever shall be payable for any medical treatment received by the Insured outside Malaysia, if the Insured resides or travels outside Malaysia for more than 90 consecutive days.

11. **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 Medical Protector Application Form. If the Insured Person shall have been afflicted with a medical disability prior to or at the time of this Policy's commencement (and benefits under the preceding policy would have been available to him), such Insured shall continue to be covered for the existing disability, but not to exceed the limits of the previous policy on condition the Company has secured a copy of the preceding policy.

12. **Cooling-Off Period** means if this Policy shall have been issued and/or 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 dispatch of the Policy. The Insured Person is entitled to the return of the full premium paid less deduction of administrative expenses incurred by the Company in the issue of the Policy.

13. **Exclusions:**

- Illness contracted within the first 30 days for Part I - Basic Benefits, and Major Disability diagnosed within the first 30 days
- Pre-Existing Conditions
- Specific Illnesses are not covered for the first 120 days
- Congenital conditions, dental and maternity conditions, AIDS/HIV-related conditions
- Self-inflicted injuries or suicide, circumcision of all causes
- Psychotic, mental or nervous disorders
- Cosmetic or plastic surgery
- War, strike, riot, civil commotion
- Routine medical or physical examination, investigative procedures
- Person who resides outside Malaysia for more than 90 days consecutively while the Policy is in force

(Please refer to the Policy or Application Form for the full details of the Exclusions.)

14. **Reasonable and Customary Charges** shall mean charges and fees for medical care and treatment which shall be considered reasonable and customary to the extent that they do not exceed the general level of charges or fees being made by others of similar medical standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar sickness, disease or injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured Person's medical condition.

15. **Overseas Treatment** means if the Insured Person seeks treatment overseas, benefits in respect of the treatment shall be covered subject to the exclusions, limitations, conditions, reasonable and customary charges specified in this Policy and all benefits will be payable based on the official exchange rate ruling on the last day of the Period of Confinement and shall exclude the cost of transport to the place of treatment provided:

- i) an Insured Person travelling abroad for a reason other than for medical treatment needs to be confined to a Hospital outside Malaysia as a consequence of a Medically Emergency
- ii) an Insured Person upon recommendation of a Physician has to be transferred to a Hospital outside Malaysia because the specialised nature of the treatment, aid, information or decision required can neither be rendered nor furnished nor taken in Malaysia.

Overseas treatment of a disease, sickness or injury which is diagnosed in Malaysia and non-emergency or chronic conditions where treatment can reasonably be postponed until returning to Malaysia are not covered under the Policy.



## Generali Insurance Malaysia Berhad

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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 Multi Medical Protector 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.