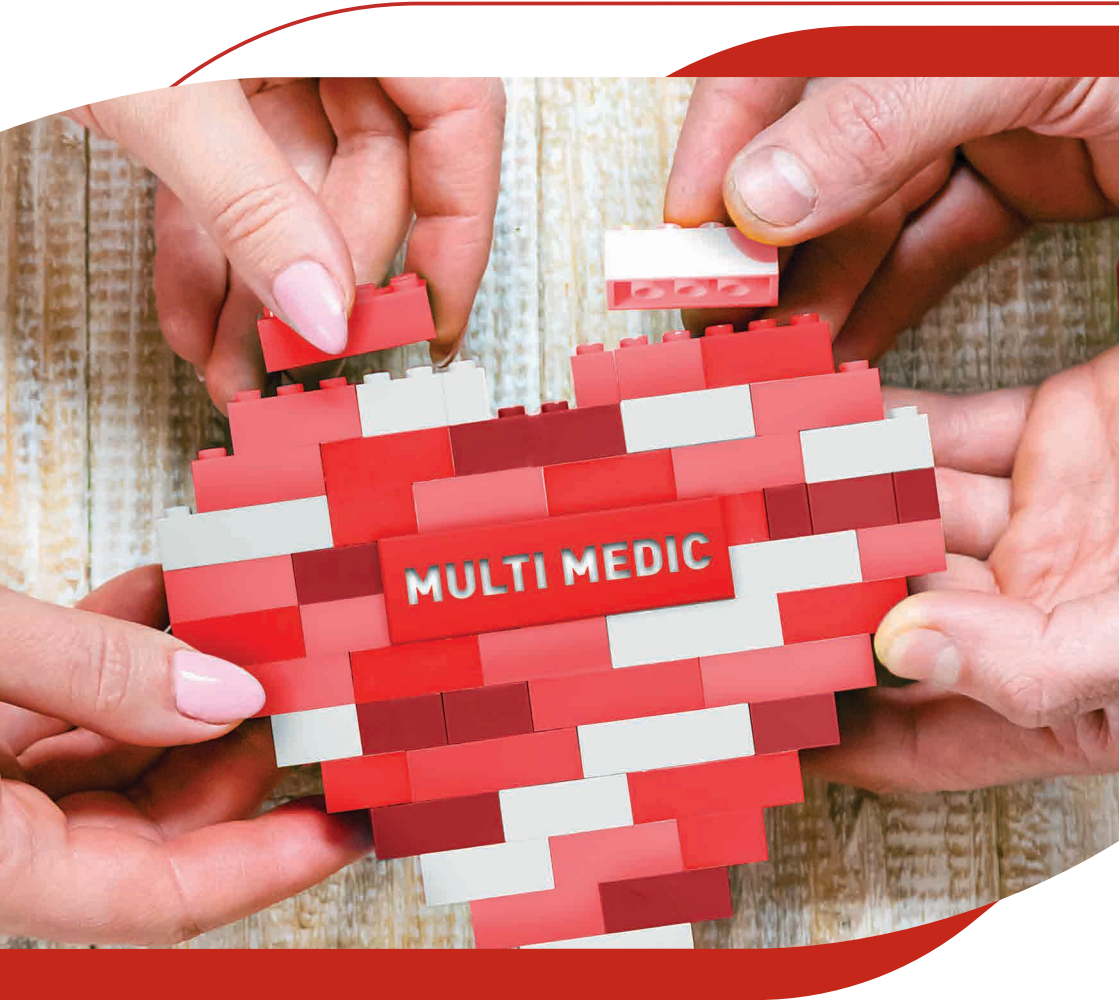


# MULTI MEDIC



**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))



# AN INTRODUCTION OF MULTI MEDIC

Build your own medical insurance plan based on what you really need and not based on what is available.

**Multi Medic** is a modular medical insurance plan that allows you to build your ideal coverage with varying options and limits for you and your family. It is the only medical plan in the market that offers this range of flexibility, so now you can subscribe to what you really need and maximise the value in every ringgit.

## KEY HIGHLIGHTS OF MULTI MEDIC



### 1. Multi Medic Base & Multi Medic Prime

come with two Pillars of Benefits to suit your needs.



### 2. Bring your personalised eCard

with you conveniently all the time via our Mobile App powered by eMAS (our Third Party Administrator).



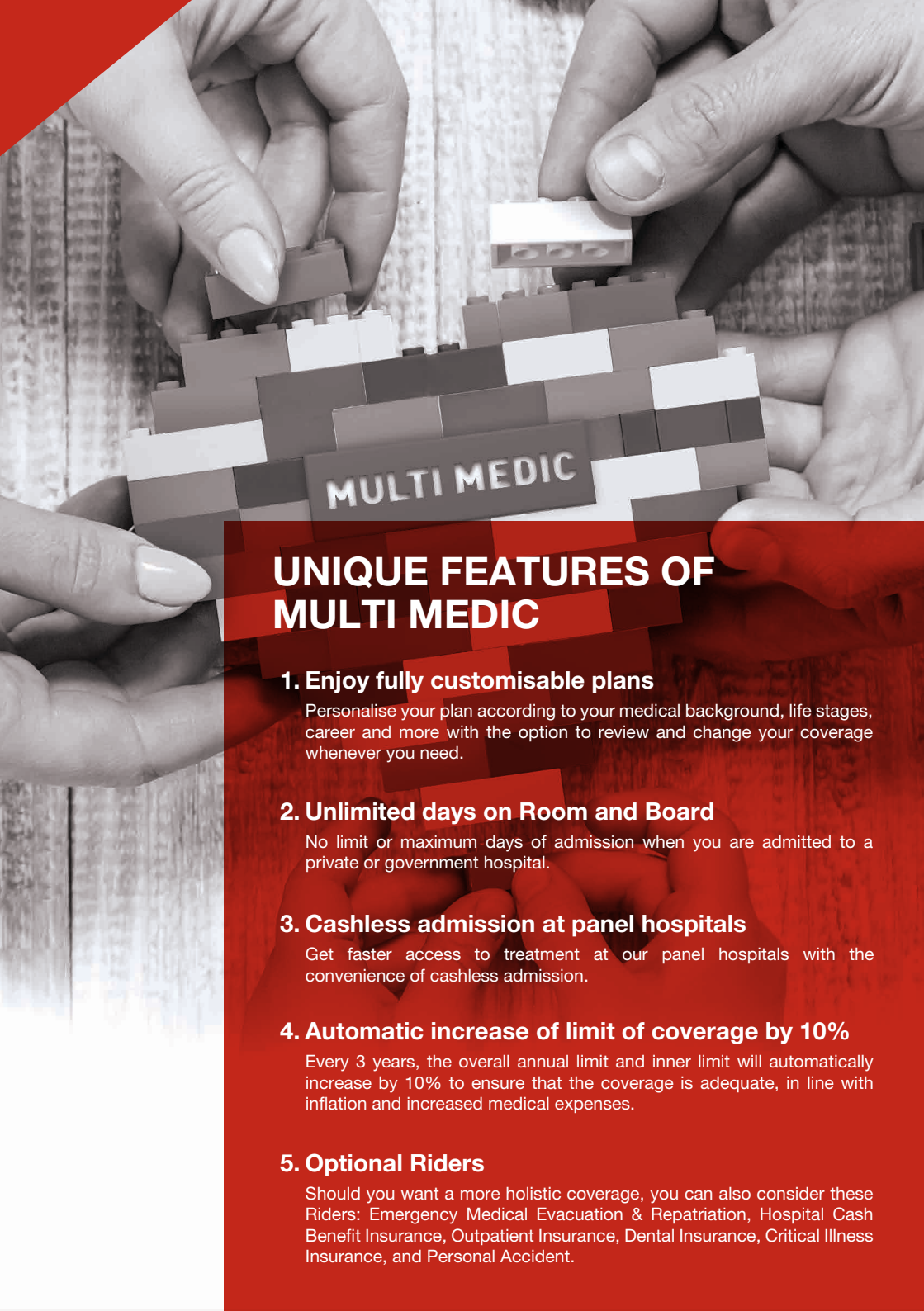
### 3. Build your own coverage

to suit what you really need. We offer greater coverage flexibility that you can customise to suit you and your family. We understand that no two families are the same.



### 4. Family discounts

are offered to get more out of your coverage.



**MULTI MEDIC**

## **UNIQUE FEATURES OF MULTI MEDIC**

### **1. Enjoy fully customisable plans**

Personalise your plan according to your medical background, life stages, career and more with the option to review and change your coverage whenever you need.

### **2. Unlimited days on Room and Board**

No limit or maximum days of admission when you are admitted to a private or government hospital.

### **3. Cashless admission at panel hospitals**

Get faster access to treatment at our panel hospitals with the convenience of cashless admission.

### **4. Automatic increase of limit of coverage by 10%**

Every 3 years, the overall annual limit and inner limit will automatically increase by 10% to ensure that the coverage is adequate, in line with inflation and increased medical expenses.

### **5. Optional Riders**

Should you want a more holistic coverage, you can also consider these Riders: Emergency Medical Evacuation & Repatriation, Hospital Cash Benefit Insurance, Outpatient Insurance, Dental Insurance, Critical Illness Insurance, and Personal Accident.



# AN OVERVIEW OF THE MAIN BUILDING BLOCKS

## Basic Cover

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Section 1	Medical Expenses Insurance
Two Basic Series	Multi Medic Base Multi Medic Prime (Details are provided in the Schedule of Benefits)
Deductible Options	Three deductible options for each plan (Details are provided in the Schedule of Benefits)

## Optional Riders

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Section 2	Emergency Medical Evacuation & Repatriation (EMER)
Section 3	Hospital Cash Benefit Insurance (HCI)
Section 4	Outpatient Insurance (OPI)
Section 5	Dental Insurance (DI)
Section 6	Critical Illnesses Insurance (CI)
Section 7	Personal Accident (PA)

## Additional Discount

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Purchase for your immediate family members and get a Family Discount\*

*\*Family Discount not applicable for optional riders*

# ELIGIBILITY

## Section 1 - Medical Expenses Insurance (MEI)

Entry age	30 days to 65 years
Number of family members per policy	Up to 10 persons
Types of family members for both Multi Medic Base and Multi Medic Prime	Policyholder, Spouse, Child, Parents, Parents-in-law, Grandparents
Renewability	Renewable until the insured person attains the age of 100 years old

## Section 2 - Emergency Medical Evacuation & Repatriation (EMER)

Entry age	6 years to 65 Years
Number of family members per policy	Up to 10 persons
Types of family members for both Multi Medic Base and Multi Medic Prime	Policyholder, Spouse, Child, Parents, Parents-in-law, Grandparents
Renewability	Renewable until the insured person attains the age of 70 years old

## Section 3 - Hospital Cash Benefit Insurance (HCI)

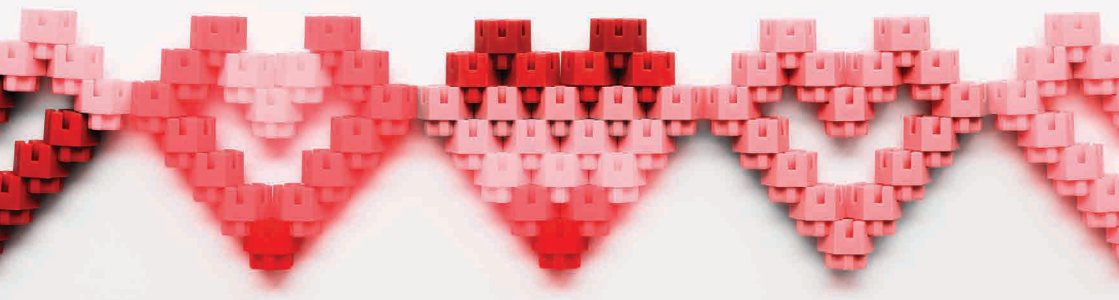
Entry age	21 years to 65 years
Number of family members per policy	Up to 2 persons
Types of family members for both Multi Medic Base and Multi Medic Prime	Policyholder and Spouse Only
Renewability	Renewable until the insured person attains the age of 70 years old

## Section 4 - Outpatient Insurance (OPI) & Section 5 - Dental Insurance (DI)

Entry age	6 years to 65 Years
Number of family members per policy	Up to 10 persons
Types of family members for both Multi Medic Base and Multi Medic Prime	Policyholder, Spouse, Child, Parents, Parents-in-law, Grandparents
Renewability	Renewable until the insured person attains the age of 70 years old

## Section 6 - Critical Illness Insurance (CI) & Section 7 - Personal Accident (PA)

Entry age	6 years to 65 years
Number of family members per policy	Up to 10 persons
Types of family members for both Multi Medic Base and Multi Medic Prime	Policyholder, Spouse, Child, Parents, Parents-in-law, Grandparents
Renewability	Renewable until the insured person attains the age of 70 years old



# BENEFITS OF MULTI MEDIC BASE AND MULTI MEDIC PRIME

Benefits	Multi Medic Base			Multi Medic Prime		
	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
Overall Annual Limit (OAL) (Section 1)	110,000	165,000	330,000	550,000	825,000	1,100,000
<b>SECTION 1 - PART A, B, C, D (MANDATORY)</b>						
<b>PART A - Hospitalisation and Surgery</b>						
Room & Board Daily Limit (incurred during the policy period)	165	275	385	550	1,100	3,300
Intensive Care Unit						
Hospital Supplies and Services						
Pre-Surgical Consultation & Diagnosis (one consultation)						
Pre-Hospitalisation Specialist Consultation						
Pre-Hospitalisation Diagnostic Tests						
Second Surgical Opinion						
In-Hospital Physician Visit (2 visits per day)						
Post-Hospitalisation Treatment (up to 90 days from discharge)						
Surgical Fees (post surgery care up to 90 days from the date of surgery)						
Anaesthetic Fee						
Operation Theater						
Ambulance Fee						
Medical Report Fee						
Service Tax						
Organ Transplant (limit per transplant, once per lifetime)						
Daily Guardian Benefit	165	275	385	550	1,100	3,300
Malaysian Government Hospital Cash Allowance (per day)	55	110	165	275	550	550
<b>PART B – Outpatient Care Following Hospitalisation or Surgery</b>						
Post-Hospitalisation Outpatient Physiotherapy Treatment (per disability limit)	5,500	5,500	5,500	16,500	16,500	16,500
Post-Hospitalisation Home Nursing Care						
(a) Daily Limit	110	110	110	220	220	220
(b) Per Disability Limit	5,500	5,500	5,500	5,500	5,500	5,500
Outpatient Cancer Treatment						
Outpatient Kidney Dialysis						
Outpatient Long Term Injections for Specified Disabilities		N/A		5,500	11,000	22,000

Actual charges incurred during the policy period for reasonable, necessary and customary medical care provided in the treatment of an insured disability

Actual charges incurred during the policy period for reasonable, necessary and customary medical care provided in the treatment of an insured disability

Benefits PLAN	Multi Medic Base			Multi Medic Prime		
	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3

**Part C – Emergency and Traditional & Complementary Medical Treatment**

Emergency Sickness Treatment  
(between 10pm to 7am)

Emergency Outpatient Treatment for  
Accident (including 31 days follow up  
treatment)

Actual charges incurred for reasonable, necessary and customary  
medical care provided in the treatment of an insured disability

Emergency Dental Treatment for  
Accident (including 31 days follow up  
treatment)

Traditional & Complementary Medicine  
(TCM) (limit per year subject to 20%  
co-payment)

1,100	2,200	3,300	5,500	8,250	11,000
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**PART D – Enhanced Care Benefit**

External Protheses

(a) Limit Per Disability

N/A

5,500

11,000

22,000

(b) Sub-Limit for Wheelchair

550

1,100

1,650

Inpatient Treatment for Mental Illness  
(limit per disability)

N/A

5,500

11,000

22,000

Plastic Surgery (limit per disability)

N/A

5,500

11,000

22,000

**DEDUCTIBLE PER DISABILITY (applicable to Part A Only)**

Option 1	0	0	0	0	0	0
Option 2	5,500	8,250	11,000	16,500	22,000	33,000
Option 3	11,000	16,500	22,000	27,500	33,000	55,000



## OPTIONAL RIDERS (SECTION 2 TO 7)

### Section 2 - Emergency Medical Evacuation & Repatriation (EMER)

	Plan 1	Plan 2
Overall Annual Limit	RM500,000	RM1,000,000

### Section 3 - Hospital Cash Benefit Insurance (HCI)

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Daily Cash Benefit	RM100	RM200	RM300	RM400	RM500

### Section 4 - Outpatient Insurance (OPI)

	Plan 1	Plan 2	Plan 3
General Practitioner Consultation	50	75	100
Specialist Consultation	80% of as charged amount incurred	80% of as charged amount incurred	80% of as charged amount incurred
Overall Annual Limit	RM2,000	RM3,000	RM5,000

### Section 5 - Dental Insurance (DI)

	Plan 1	Plan 2	Plan 3
Dental Benefit	70% of as charged amount incurred	70% of as charged amount incurred	70% of as charged amount incurred
Overall Annual Limit	RM1,000	RM1,500	RM2,000

### Section 6 - Critical Illness Insurance (CI)

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Sum Insured	RM50,000	RM100,000	RM150,000	RM200,000	RM250,000	RM300,000

### Section 7 - Personal Accident (PA)

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Accidental Death & Permanent Disablement Sum Insured	RM50,000	RM100,000	RM150,000	RM200,000	RM250,000	RM300,000

## ESSENTIAL TERMS AND CONDITIONS

### Overseas Residence

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.

### Waiting Period for Hospitalisation

No reimbursement for any charges incurred by the Insured Person if he or she is Hospitalised within the first thirty (30) days from the Commencement Date, unless Hospitalisation is the result of an Accident.

## 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 has 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.

*Please read the Policy Contract Wording for the details of each conditions.*

# EXCLUSIONS OF MULTI MEDIC

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

1. Any medical or physical conditions arising within the first 30 days of the Insured Person's cover or reinstatement date whichever is latest except for accidental injuries.
2. Pre-existing conditions.
3. Suicide, attempted suicide or intentional self-inflicted injury while sane or insane.
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 and Disabilities arising out of duties of employment or profession that are covered under a Workmen's Compensation Insurance Contract.
5. Any treatment or surgical operation for birth defect and congenital abnormalities or deformities including hereditary conditions.
6. Pregnancy, child birth (including surgical delivery), miscarriage of all causes, 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.
7. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations such as neropsychosis, schizophrenia and others).
8. Hospitalisation primarily for investigation purposes or precautionary services, 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.

*Please read the Policy Contract Wording for the full list of exclusions under this Policy and the details of each exclusion.*

# 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. In the event of any dispute or ambiguity arising out of the Bahasa Malaysia translation of this brochure, the English version of this brochure shall prevail over all other versions.
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.
4. You should satisfy yourself that this plan will best serve your needs and that the premium payable under this Policy is an amount you can afford.



**Ali** 35 years old,  
Single

## Case Study: Ali's Case

**Multi Medic Prime**

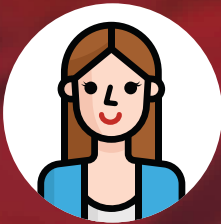
- Ali is covered under Multi Medic Prime (Plan 1)
- He is 35 years old, does not smoke and has no prevailing health issues
- His annual premium is **RM1,210**
- His overall annual limit is **RM550,000**
- His deductible is **RM16,500**
- He has selected Critical Illness Insurance (Plan 3) as a rider
- He was diagnosed with colorectal cancer and sought for treatment in panel hospital

### See how much he must pay for coinsurance

Order of Claim	Claim Value	Benefit Limit	Reimbursable	OAL Balance
<b>Inpatient Claim</b>				
Traditional & Complementary Medicine (TCM)	RM3,000	80% / RM5,500	RM2,400	RM547,600
Inpatient	RM120,000	Deductible applies (RM16,500)	RM103,500	RM444,100
Outpatient Cancer Treatment	RM50,000	As charged up to OAL	RM50,000	RM394,100
<b>Total Claim:</b> RM173,000	<b>Generali Malaysia Pays:</b> RM155,900		<b>Ali Pays:</b> RM17,100	

### Optional Rider: Critical Illness Insurance

Lump Sum Payout	RM150,000	RM150,000	RM150,000	Nil
<b>Total Claim:</b> RM150,000	<b>Generali Malaysia Pays:</b> RM150,000		<b>Ali Pays:</b> Nil	



**Amy** 30 years old,  
Married with 2 children

## Case Study: Amy's Case

**Multi Medic Base**

- Amy and her family are covered under Multi Medic Base (Plan 2)
- She is 30 years old, and her husband is 35 years old
- They have 2 children; a 5 years old daughter and a 2 years old son. Both husband and wife are non-smokers and have no prevailing health issues
- She opted for a 12 months easy payment plan
- Their monthly premium is **RM547**
- Their annual premium is **RM6,570**
- Their Overall Annual Limit is **RM165,000** per person
- Their Deductible is **RM8,250**
- She has selected Outpatient Insurance (Plan 3) for herself and her husband
- She was diagnosed with pneumonia and sought for treatment in panel hospital

### See how much she must pay for coinsurance

Order of Claim	Claim Value	Benefit Limit	Reimbursable	OAL Balance
<b>Inpatient Claim</b>				
Hospitalisation	RM75,000	Deductible applies (RM8,250)	RM66,750	RM98,250
<b>Total Claim:</b> RM75,000	<b>Generali Malaysia Pays:</b> RM66,750		<b>Amy Pays:</b> RM8,250	

### Optional Rider: Outpatient Insurance

General Practitioner Visit	RM100	RM100	RM100	RM4,900
Specialist Visit	RM3,000	80% of claim incurred	RM2,400	RM2,500
Overall Annual Limit	RM5,000			
<b>Total Claim:</b> RM3,100	<b>Generali Malaysia Pays:</b> RM2,500		<b>Amy Pays:</b> RM600	

NOTE: For illustration purposes. This is an indicative premium as it is subject to an individual's respective gender, age, BMI, occupation and lifestyle, etc.

# FAQ

**1. What makes Multi Medic unique compared to other insurance plans?**

Multi Medic is a modular medical plan with flexible coverage that you can customise according to what you or your family need.

**2. If I am single, can I still benefit from Multi Medic?**

Yes. Multi Medic is designed for individuals and families/dependents alike. You build according to what you need.

**3. How do I find out which plan is right for me?**

Speak to our authorised agents to find out which plan is best for you. Get in touch with us and we will match you with the most suitable agent to assist you.

**4. Does each of my family members who is covered under the Multi Medic get their own card?**

Each family member will be given access to the Mobile App with their own eCard. For children below 18 years old, the eCard will be attached to the Policyholder's Mobile App access.

**5. If I already have Multi Medic Base, can I still upgrade to Multi Medic Prime in the future?**

Yes! Upgrades and changes to your existing plan can be done on every anniversary. This is to ensure that you always have a plan which is most suited to your needs at that very particular life milestone you are at.

**6. How do I claim reimbursement?**

Call our authorised Third Party Administrator (eMAS) at  
**1-800-88-3627**  
**1-300-88-3627**  
**+603 4041 3627**  
They will ease you through your claims reimbursement with the integrated Mobile Application solution.

**7. Do I have to choose a deductible for my Multi Medic?**

Deductibles are optional. Having a deductible value will lower your annual premium but it will mean you have to bear the initial cost of medical treatment should there be a claim.

**8. For a family cover, will each member have individual Overall Annual Limit or will the limit be shared?**

The Overall Annual Limit is for each and every individual who is a Policyholder. Hence for a family cover – the individual Overall Annual Limit will apply based on the selected coverages for each family member.

**9. How will this product cope with rising medical costs and inflation?**

Every 3 years from the product launch date of 10 December 2020, the overall annual limit and inner limit will automatically increase by 10% to ensure that the coverage is adequate, in line with inflation and increased medical expenses.

For example in Ali's case, he purchased Multi Medic Prime (Plan 1). His insurance coverage will be as follows:

Effective Date	Room & Board (RM)	Overall Annual Limit (RM)
10/12/2020	500	500,000
10/12/2023	550	550,000
10/12/2026	605	605,000
10/12/2029	665	665,500
10/12/2032	731	732,050

**10. I would like to learn more about Multi Medic. Who do I talk to?**

Speak to our authorised agents or if you don't have one, get in touch with us at [customer.service.gi@generali.com.my](mailto:customer.service.gi@generali.com.my) and we will match you to a most suitable agent to assist you.

## Need Medical Advice?

Get general medical information or advice around your diagnosis & treatments from DR ED:  
[emas.support@crm.emastpa.com.my](mailto:emas.support@crm.emastpa.com.my)

## Contact Us (including request for Guarantee Letter)



Download our e-MAS Sihatku app for your eCard and GL facilities

OR



Call our 24/7 Hotline: +603 4041 3627 / 1800 88 3627 / 1300 88 3627

## Emergency Medical Evacuation & Repatriation (EMER)

Contact: +603 7628 3616

(Optional cover only)

## Generali Insurance Malaysia Berhad

197501002042 (23820-W)

### Generali Customer Service Centre

Level 1, Menara Generali,  
27 Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia.



[www.generali.com.my](http://www.generali.com.my)



1 300 13 2121 or +603 3007 2121



[customer.service.gi@generali.com.my](mailto:customer.service.gi@generali.com.my)



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BNMLINK information for complaints / enquiries:

4th Floor, Podium Bangunan AICB, No. 10, Jalan Dato' Onn, 50480 Kuala Lumpur.

Tel: 1-300-88-5465 (Overseas: +603 2174 1717) BNMLINK Webpage: [bnm.gov.my/BNMLINK](http://bnm.gov.my/BNMLINK)

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 Medic 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.