



ELIGIBILITY AND SCOPE

1. Person Eligible

Person eligible to be covered under this Policy must be:

- (a) An Employee of the Policyholder, aged between eighteen (18) to sixty-five (65) years;
- (b) A Dependent of an Employee (subject to the Employee being insured);

Provided that the above persons legally reside in Malaysia, Brunei or Singapore. Persons become ineligible when they have resided continuously for three (3) months, or spend more than six (6) months in a calendar year, outside Malaysia, Brunei or Singapore.

2. Addition of Insured Person

For eligible persons who have applied to be included as an Insured Person under this Policy if:

- (a) the Policyholder requests such inclusion in writing within thirty (30) days from date of eligibility,
- (b) the Dependants are eligible to be insured in accordance with the terms and standards of acceptance of the Company, and
- (c) the required additional premium is paid

3. Conditions for Obtaining Insurance

- (a) The eligibility date of each Employee shall commence from his first day of employment with the Policyholder
- (b) If an Employee is not on Active Service on the date he would otherwise become eligible, the Effective Date of Insurance shall be deferred to the date he returns to active work, as well as for any Dependant, will not become effective until the Employee has resumed Active Service
- (c) The persons eligible for insurance are the present and future full-time Employees of the Policyholder,
- (d) A newborn child's eligibility for Insurance is subject to him being in a normal and healthy condition on the fifteenth day following the birth.

4. Geographical Territory

All benefits provided in this Policy are applicable worldwide for twenty-four (24) hours a day.

5. Overseas Treatment

If the Insured Person elects to or is referred to be treated outside Malaysia by the Attending Physician, benefits in respect of the treatment shall be limited to the Reasonable and Customary and Medically Necessary Charges for such equivalent local treatment in Malaysia and shall exclude the cost of transport to the place of treatment. Reasonable and Medically Necessary Charges shall be deemed to be those laid down in the Malaysian Medical Association's Schedule of Fees

6. Overseas Residence

No benefit whatsoever shall be payable for any medical treatment received by the Insured outside Malaysia, Singapore or Brunei, if the Insured resides or travels outside these countries for more than ninety (90) consecutive days



DESCRIPTION OF BENEFITS:

Importance Notice: The Benefits described below may be subject to maximum limits or to a deductible. Please check the Schedule of Benefits for details.

1. Hospital Room & Board

- Reimbursement of the Reasonable and Customary Charges Medically Necessary for room accommodation and meals. The amount of the benefit shall be equal to the actual charges made by the Hospital during the Insured Person's confinement, but in no event shall the benefit exceed, for any one day, the rate of Room and Board Benefit, and the maximum number of days as set forth in the Schedule of Benefits. The Insured Person will only be entitled to this benefit while confined to a Hospital as an in-patient or for Day Surgery.

2. Intensive Care Unit

- Reimbursement of the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during confinement as an in-patient in the Intensive Care Unit of the Hospital. This benefit shall be payable equal to the actual charges made by the Hospital subject to the maximum benefit for any one day, and maximum number of days, as set forth in the Schedule of Benefits. Where the period of confinement in an Intensive Care Unit exceeds the maximum set forth in the Schedule of Benefits, reimbursement will be restricted to the standard Daily Hospital Room and Board rate.
- No Hospital Room and Board Benefits shall be paid for the same confinement period where the Daily Intensive Care Unit Benefits is payable.

3. Hospital Miscellaneous Services

- Reimbursement of the Reasonable and Customary Charges actually incurred for Medically Necessary general nursing, ancillary services and consumable items, in-patient diagnostic procedures such as but not limited to X-ray, laboratory examinations and electrocardiograms, in-patient physiotherapy, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma, which relate directly to the Treatment whilst the Insured Person is confined as an In-Patient in a Hospital, up to the amount stated in the Schedule of Benefits.
- Admission fee, registration fee, medical record, billing fee, name tag/ID band, dispensing fee and other items deemed fit and necessary for medical purpose are payable.
- Payment will not be made for the acquisition, extraction procedure and cultivation of tissues and cells (inclusive of stem cells) required for treatment. Only the cost of drugs used for the treatment of the Disability are covered and must be listed in the Malaysian Index Medical Supplies (MIMS), excluding traditional/complementary medicines, supplementary medicines, vitamins or nutritional herbs. Drugs prescribed for use within fourteen (14) days after discharge from the Hospital shall be reimbursable.

4. Surgeon Fee

- Reimbursement of the Reasonable and Customary Charges for a Medically Necessary surgery by the Specialists, including pre-surgical assessment Specialist's visits to the Insured Person, subject to one (1) visit per day and post-surgery care up to the maximum amount and the maximum number of days as set forth in the Schedule of Benefits. If more than one surgery is performed for Any One Disability, the total payments for all the surgeries performed shall not exceed the maximum stated in the Schedule of Benefits.

5. Anaesthetist Fee

- Reimbursement of the Reasonable and Customary Charges by the Anaesthetist for the Medically Necessary administration of anaesthesia not exceeding the limits as set forth in the Schedule of Benefit.

6. Operating Theatre Charges

- Reimbursement of the Reasonable and Customary Operating Room charges incidental to the surgical procedure.

7. Daily In-Hospital Physician's Visit

- Reimbursement of the Reasonable and Customary Charges by a Physician for Medically Necessary visit(s) to a patient subject to a maximum of two (2) visits per day for a non-surgical confinement and one (1) visit per day for a surgical confinement, and not exceeding the maximum number of days and amount per day as set forth in the Schedule of Benefit.

8. Pre-Hospital Diagnostic Tests

- Reimbursement of the Reasonable and Customary Charges for Medically Necessary ECG, X-ray and laboratory tests which are performed for diagnostic purposes on account of an injury or illness when in connection with a Disability preceding hospitalization within the maximum number of days and amount as set forth in the Schedule of Benefit in a Hospital and which are recommended by a qualified medical practitioner. No payment shall be made if upon such diagnostic services, the Insured does not result in hospital confinement for the treatment of the medical condition diagnosed. Medications and consultation charged by the medical practitioner will not be payable.

9. Pre-Hospitalisation Specialist Consultation

- Reimbursement of the Reasonable and Customary Charges for the first time consultation by a Specialist in connection with a Disability within the maximum number of days and amount as set forth in the Schedule of Benefit preceding confinement in a Hospital and provided that such consultation is Medically Necessary and has been recommended in writing by the attending general practitioner.
- Payment will not be made for clinical treatment (including medications and subsequent consultation after the illness is diagnosed) or where the Insured does not result in hospital confinement for the treatment of the medical condition diagnosed.

10. Post-Hospitalisation Treatment

- Reimbursement of the Reasonable and Customary Charges incurred in Medically Necessary follow-up treatment by the same attending Physician, within the maximum number of days and amount as set forth in the Schedule of Benefits immediately following discharge from Hospital for a non-surgical disability. This shall include medicines prescribed during the follow-up treatment but the total supply needed shall not exceed the maximum number of days as set forth in the Schedule of Benefits.

11. Emergency Accidental Outpatient Treatment

- Reimbursement of the Reasonable and Customary Charges incurred up to the maximum stated in the Schedule of Benefits, as a result of a covered bodily injury arising from an Accident for Medical Necessary treatment as an outpatient at any registered clinic or hospital within twenty-four (24) hours of the Accident. Follow up treatment by the same doctor or same registered clinic or Hospital for the same covered bodily injury will be provided up to the maximum amount and the maximum number of days as set forth in the Schedule of Benefits.

12. Accidental Dental Treatment

- If as a result of an Accident pain relieving dental treatment for sound natural teeth is required, the Company will reimburse charges up to a maximum limit as stated in the Schedule of Benefits. Follow up treatment by the same doctor or same registered clinic or Hospital for the same covered dental injury will be provided up to the maximum amount and the maximum number of days as set forth in the Schedule of Benefits. If as a result of an Accident on sound natural teeth, the Company will reimburse charges for pain relieving dental treatment excluding restorative procedure such as crowning, bridging as well as root canal treatment.

13. Daycare Procedure

- Reimbursement of fees actually charged by the hospital or specialist centre and for all professional fees charged for minor Daycare Surgical Procedures performed as an outpatient without confinement in hospital. Such fees or charges shall include all incidental services and supplies provided for the procedures up to the maximum limit as stated in the Schedule of Benefits. The Daycare Surgical Procedures should include minor operations such as but not limited to: Adenoidectomy, Arthroscopy, Bronchoscopy, Bunionectomy, Cataract removal, Cholecystectomy, Colonoscopy, Coronary Angiography, Digestive tract endoscopy, Dilatation and curettage of uterus, simple excision of pilonodal cyst, Haemorrhoidectomy, Hammer toe repair, Laparoscopy, Laryngoscopy and tracheoscopy, Lumbosacral manipulation, Myringotomy, Prostate biopsy, Reduction of nasal fracture, Strabismus repair and Tonsillectomy, that is commonly performed safely on an outpatient basis.
- Any Daycare Surgical Procedures done for investigative and diagnostic purposes not related to treatment for any specified disabilities is not covered.

14. Ambulance Charges

- Reimbursement of the Reasonable and Customary Charges incurred for necessary road domestic ambulance services inclusive of attendant to and/or from the Hospital of confinement subject to the limits set forth in the Schedule of Benefits. Payment will not be made if the Insured Person is not hospitalised or hospitalised for treatment that is not a covered Disability

15. Government Service Tax

- Reimbursement of the charges imposed by the Government for Service Tax levied on the eligible Room & Board charges. Such reimbursement shall be limited to an amount not exceeding 5% of the eligible Room & Board charges.

16. Government Hospital Daily Cash Allowance

- Pays a daily allowance for each complete day of confinement for a covered Disability in a Malaysian Government Hospital, provided that the Insured Person shall confine to a Room and Board rate that does not exceed the amount shown in the Schedule of Benefit.
- No payment will be made for any transfer to or from any Private Hospital and Malaysian Government Hospital for the covered disability.

17. Medical Report Fee Reimbursement

- An amount equal to actual charges for any Medical Report required will be reimbursed by the Insurer up to the maximum limit per disability stated in the Schedule of Benefits. This is applicable for In-Hospital Care and Ambulatory care.

18. Reimbursement of College Tuition Fees Due to Prolonged Period of Disability (Per Semester)

- In the event of a prolonged disability, which actually prevents the Insured person from attending to his academic session at his registered college and as a direct result of this non-attendance such that the Insured person has to repeat his coursework in a new academic session, this Benefit will reimburse the actual college tuition fees paid for the academic session which was missed.
- In the context of this Benefit, a prolonged disability is defined as a covered medical condition which renders the Insured person being confined to the hospital continuously for a period of not less than 31 days and shall include any post hospital convalescence immediately following the discharge from the hospital.

19. Compassionate Visitation Benefit

- Additional accommodation and travelling expenses for a parent/ legal guardian located outside Malaysia required on medical advice from the treating physician to remain with the Insured Person(s) during hospitalization and if the Insured Person is hospitalised for more than five (5) consecutive days and the medical condition does not allow repatriation up to the maximum amount as set forth in the Schedule of Benefits.

20. Insured Child's Daily Guardian Benefit

- Reimburses (up to stipulated limits set forth on the Schedule of Benefits) the expenses for meals and lodging incurred to accompany an insured Child (aged below fifteen (15) years) in the hospital up to the maximum number of days set forth in the Schedule of Benefits.

21. Out-patient General Practitioner Clinical Treatment

- Reimbursement of Reasonable and Customary charges for Treatment or Consultation services rendered by a legally registered Doctor on AXA's list of GP Panel Clinics as a result of common Sicknesses and bodily Injuries, where Hospitalisation is not required, up to the maximum limits as stated in the Schedule of Out-patient Clinical Benefits. This benefit is applicable within Malaysia only. Services provided by a non-panel Clinic will not be covered, except in the event of an Emergency. Services provided by a non-panel Clinic will not be covered, except in the event of an Emergency.

i) Routine Consultation

Reimbursement of Reasonable & Customary charges incurred for the routine Consultation by a Physician at a Panel Clinic.

ii) Medication

Reimbursement of Reasonable & Customary charges incurred for the medication relevant to the Treatment of the Disability, which requires a Physician's prescription at a Panel Clinic.

iii) Injection

Reimbursement of Reasonable & Customary charges incurred for the injection which requires a Physician's or Physician assistant's administration at a Panel Clinic for Treatment of Illness, Injury and mandatory vaccinations/immunisation. The mandatory vaccination are applicable to eligible children only, they are BCG (booster), Hepatitis B (infants up to 1 year old), Triple Antigen & TetrAct Hib (infants up to 1 year old), Double Antigen (booster), Oral Polio, MMR and Rubella.

iv) Diagnostic Lab / X-Ray Procedures

Reimbursement of Reasonable & Customary charges for all laboratory examinations and diagnostic x-ray done at a Panel Clinic for the determination and diagnosis of a Disability.

v) Out-patient Surgical Procedures

Reimbursement of Reasonable & Customary charges incurred or Out-patient surgical procedure done at a Panel Clinic.

- Outpatient General Practitioner (GP) Treatment

All insured members will receive Outpatient GP Treatment from Panel GP Clinic on a Cashless Basis. Services provided by a non-panel Clinic will not be covered except in the event of an Emergency. 'Emergency' shall mean Treatment needed between the hours of 12 am and 6 am or in the event whereby immediate medical attention is required within twelve (12) hours for Injury, Illness or symptoms which are sudden and severe failing which will be life-threatening (such as accident and heart attack), or lead to significant deterioration of health permanently.

- Outpatient General Practitioner (GP) Treatment

It is hereby declared and agreed that the following items shall be covered under this benefit:

1. Registration Fee
2. Medical Record
3. Billing Fee
4. Name Tag / ID Band
5. Dispensing Fee

Others deemed fit and necessary for Medical purpose.

Out-patient Specialist Treatment are excluded.

22. Annual Out-Patient Cancer Treatment

- If an Insured is diagnosed with Cancer as defined below, the Company will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of cancer performed at a legally registered cancer treatment centre subject to the limit of this disability as specified in the Schedule of Benefit.
- Such treatment (radiotherapy or chemotherapy including consultation, examination tests, take home drugs) must be received at the out-patient department of a Hospital or a registered cancer treatment centre.
- Cancer is defined as the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or surgery (excluding endoscopic procedures alone) is considered necessary. The cancer must be confirmed by histological evidence of malignancy.

23. Annual Out-Patient Kidney Dialysis Treatment

- If an Insured is diagnosed with Kidney Failure as defined below, the Company will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of kidney dialysis performed at a legally registered dialysis centre subject to the limit of this disability as specified in the Schedule of Benefit.
- Such treatment (dialysis including consultation, examination tests, take home drugs) must be received at the out-patient department of a Hospital or a registered dialysis treatment centre.
- Kidney Failure means end stage renal failure presenting as chronic, irreversible failure of both kidneys to function

24. Accidental Death Benefit

- An amount payable upon the death of the Insured Person as a direct result of a covered Accidental Injury. Death shall be established by an official Death Certificate.

25. Funeral Expenses

- In the event of the death of an insured person, upon presentation of sufficient proof of the death through all causes, a death benefit will be paid according to the amount stated in the Schedule of Benefits.

26. Emergency Medical Evacuation

- Medical necessary expense for emergency transportation and medical care to move an Insured Person who has a critical medical condition to the nearest Hospital where appropriate care and facilities are available.

27. Emergency Medical Repatriation

- Reimbursement of the costs of repatriating the Insured Person or the mortal remains back to home country in the event of the Insured Person having suffered a total and permanent disability or death caused by a covered illness or accident. Death shall be established by an official death certificate.



POLICY CONDITIONS:

Cashless Admission for Government Hospitals

It is hereby declared and agreed that the cashless facility is extended to cover admissions into Government Hospitals in Malaysia, where allowable.

Cashless Facility for Post Hospitalization Treatment

It is hereby declared and agreed that the cashless facility is extended to cover Post Hospitalization treatment but shall not exceed the maximum number of days as set forth in the Schedule of Benefits.

Claim Procedures

(a) The Insured shall within thirty (30) days of a Disability that incurs claimable expenses, give written notice to the Company stating full particulars of such event, including all original bills and receipts, and a full Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of treatment including medicines and services rendered. Failure to furnish such notice within the time allowed shall not invalidate any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.

(b) The Insured shall immediately procure and act on proper medical advice and the Company shall not be held liable in the event a treatment or service becomes necessary due to failure of the Insured to do so.

Certification, Information and Evidence

All certificates, information, medical reports and evidence as required by the Company shall be furnished at the expense of the Insured, and in such a form that the Company may require. In any event all notices which the Company shall require the Policyholder to give must be in writing and addressed to the Company. An Insured shall, at the Company's request and expense, submit to a medical examination whenever such is deemed necessary.

Misrepresentation/Fraud

If the proposal or declaration of the Insured Person is untrue in any respect or if any material fact affecting the risk be incorrectly stated herein or omitted therefrom, or if this insurance, or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression, or if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support thereof, then in any of these cases, this Policy shall be void.

Incomplete Claims

All claims must be submitted to the Company within thirty (30) days of completion of the events for which the claim is being made. Claims are not deemed complete and Eligible Benefits are not payable unless all bills for such claims have been submitted and agreed upon by the Company. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at the Company's sole discretion.

POLICY EXCLUSION:

1. Waiting Period for Pre-Existing Illnesses

- It is hereby declared and agreed that the waiting period is stated in Section 1 of the Policy Exclusions is deemed to be **applicable** with effect from the Commencement Date of the Policy for **all existing & new students.**

For All Existing Students:

- 12 months waiting period on Pre-Existing illnesses is not applicable.
- 30 days waiting period for all Disabilities is not applicable.
- Individual application form is not required

For All New Students:

- 12 months waiting period on Pre-Existing illnesses is applicable.
- 30 days waiting period for all Disabilities is not applicable
- Individual application form is not required

2. Waiting Period for All Disabilities

- It is hereby declared and agreed that the waiting period is stated in Section 2 of the Policy Exclusions is deemed to be **deleted** with effect from the Commencement Date of the Policy for **all existing & new students.**

3. All Pre-existing Illnesses for the first twelve (12) months of issue date, unless declared and accepted by the Company.
4. Any medical or physical conditions arising within the first thirty (30) days of the Insured Person's cover or date reinstatement whichever is latest except for accidental injuries.
5. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy), longsightedness, astigmatism and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers, lens (except for basic lens) 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, pregnancy related or its complications, child birth (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. Hospitalisation primarily for investigatory 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.
11. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
12. 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.
13. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
14. 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 and its complications.
15. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.
16. 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 is covered under a Workman's Compensation Insurance Contract.
17. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic



manifestations) and any other conditions classified under the "Diagnostic & Statistical Manual of Mental Disorders (DSM-IV Codes) as published by American Psychiatric Association."

18. Costs/expenses of services of a non-medical nature, such as newspapers, television, telephones, telex services, radios or similar facilities, admission/inpatient kit/pack, discharge pack, laundry, electricity, extra meal and other ineligible non-medical items.

Sickness or injury arising from illegal activities, playing professional sports, racing of any kind (except foot racing) or hazardous sports such as but not limited to skydiving, base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, water skiing, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, handgliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.

19. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
20. Expenses incurred for sex changes.
21. Any treatment directed towards developmental delays and/or learning disabilities in Insured children.
22. Cosmetic (aesthetic) surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment. However, we will pay for reconstructive surgery if:
 - a) it is done at a medically appropriate stage after the accident or surgery; and
 - b) it is carried out to restore function or appearance after an accident or following surgery for a medical condition, provided that member has been continuously covered under a plan of ours since before the accident or surgery happened; and
 - c) we agree to the cost of the treatment in writing before it is done.
23. Any treatment which only offers temporary relief of symptoms on any long-term illness and disease rather than dealing with the underlying medical condition.