Medical Plan Insurance Charge Revision
Frequently Asked Questions (FAQs)

General

1. **Why is the insurance charge for my medical plan being revised?**
   Your insurance charge may have been revised due to medical repricing, age band movement, or a combination of both.

   Medical repricing is the adjustment of insurance charges of medical plans. Rising costs of medical care over time, or medical inflation, and increases in the frequency of insured lives seeking medical care result in the need for insurers to adjust insurance charges periodically. This is to ensure that we can continue to pay claims made by insured lives as needed.

   Another factor that may also contribute to your insurance charge revision is age band movement. Age band movement is the transition of an insured life from one age group to another, which will result in a change in their insurance charge. A change in insurance charge due to age band movement is different from the medical repricing increase described in the paragraph above.

2. **When will the revised insurance charge take effect?**
   The revised insurance charge will take effect from your next Policy Anniversary date as stated in the Notification of Insurance Charge Revision letter which we have sent to you.

   If you have any enquiries on your Policy Anniversary date, please contact your servicing agent.

3. **Will there be any changes to my plan benefits following this insurance charge revision?**
   No, there will not be any changes to your plan benefits. Your existing coverage will remain unchanged and you can continue to enjoy your coverage so long as your account value is sufficient to cover the revised insurance charge.

4. **How is the increase in insurance charge for my medical plan determined?**
   When repricing, we consider several factors including claims experience from policies with similar characteristics like age, gender, and medical plan. This includes medical inflation. We also consider your age at the effective date of the revised insurance charge.

   Note that on the 20 December 2024, Bank Negara Malaysia (BNM) announced interim measures on medical repricing with the intention to help insured lives affected by insurance charge revisions on their medical plan. One of the interim measures is for insurance charge revisions due to medical repricing in 2025 or 2026 to be spread out over a minimum period of 3 years.

   As we are committed to supporting BNM's interim measures and easing the burden of medical inflation on our customers, we have ensured that your insurance charge has been revised in accordance to the interim measures set out by BNM. For more detailed information on your revised insurance charge and its relation to the interim measures, please refer to the Notification of Insurance Charge Revision letter which we have sent to you or contact your servicing agent.

5. **What are the BNM Interim Measures on Medical Repricing?**
   On 20 December 2024, BNM announced interim measures on medical repricing to help insured lives affected by insurance charge revisions on their medical plans. A summary of the interim measures are as follows:
   a. Future insurance charge revisions due to medical repricing to be spread out over a minimum period of 3 years.

MCIS INSURANCE BERHAD (435318-U)
Head office: Wisma MCIS, Jalan Barat, 46200 Petaling Jaya, Selangor, Malaysia
Postal address: P.O. Box 345, Jalan Sultan,46916 Petaling Jaya, Selangor Darul Ehsan, Malaysia
T +603 7652 3388
F +603 7957 1562
E customerservice@mcis.my

b. Deferment of insurance charge revisions due to medical repricing for one policy year for insured lives aged 60 and above.
c. Policy reinstatement option for policies surrendered or lapsed due to medical repricing in 2024.

For more information on the interim measures, please see our Interim Measures on Medical Repricing FAQ.

6. **I have not made any claims on my medical plan. Why am I still being subjected to this revision?**
Insurance operates on the principle of risk-pooling. When you take up a medical plan, you join a larger group of customers with similar risk profiles. The insurance charges collected from you and all other members of the group are pooled together to cover future claims. If the claims paid from the pool exceeds expectations over time, we will need to revise the insurance charges of all members in the group to ensure that all insured lives in the group remain covered in the long term, regardless of whether they have made a claim. This is why your insurance charge has been revised despite never having made any claims on your medical plan.

7. **How does this revision impact my insurance policy?**
Investment-linked policies with medical plans will have the revised insurance charges deducted from the policy's account value. You are encouraged to pay the Regular Top-Up Premium recommended in the Investment-Linked Policy Sustainability Disclosure to avoid any issues with your medical coverage.

8. **I have an investment-linked policy with a medical plan, if I pay the recommended Regular Top-Up Premium, will my coverage sustain until the end of the policy term?**
By paying the Regular Top-Up Premium recommended in the Investment-Linked Policy Sustainability Disclosure, your policy is expected to sustain until the end of the policy term. However, please be reminded that your policy's sustainability will beimpacted by investment returns and your actions, such as partial withdrawals from account value or premium holidays. We recommend reviewing the Investment-Linked Policy Sustainability Disclosure for further details.

You are also advised to refer to Investment-Linked Policy Sustainability Disclosures appended to your future annual statements for annual updates on the sustainability of your policy and the options available to you.

9. **What other options do I have if I cannot afford the recommended Regular Top-Up Premium?**
If you are unable to afford your recommended Regular Top-Up Premium, you may consider the following options:
a. Downgrade to a lower plan. Downgrading your plan would mean paying less than your current plan and would not require further underwriting. However, please note that this also means that you will have less coverage than your current plan. Before downgrading to a lower plan, we advise that you first ensure that the coverage of the lower plan is sufficient for your medical needs.
If you wish to downgrade your plan, please complete the Service Request Form and email it to us at medicalplans@mcis.my.
b. Switch to a different product which still meets your medical coverage needs at a more affordable premium. Please note, however, that switching to a different product may mean changes to your coverage and being subjected to new waiting periods and underwriting requirements.
c. Include a deductible to your medical plan.

For assistance with or enquiries on any of the options above, or if you wish to explore other alternatives, please contact your servicing agent. We encourage you to carefully evaluate your

MCIS INSURANCE BERHAD (435318-U)
Head office: Wisma MCIS, Jalan Barat, 46200 Petaling Jaya, Selangor, Malaysia
Postal address: P.O. Box 345, Jalan Sultan,46916 Petaling Jaya, Selangor Darul Ehsan, Malaysia
T +603 7652 3388
F +603 7957 1562
E customerservice@mcis.my

options before making a decision to ensure you choose the option best suited for your medical coverage needs.

10. **What happens to my benefits if I downgrade my plan?**
    Downgrading to a lower plan would mean being charged lower insurance charges and would not require further underwriting. However, please note that it also means that you will have less coverage (i.e. lower sum assured for certain benefits) than your current plan. Before downgrading to a lower plan, we advise you to first ensure that the coverage of the lower plan is sufficient for your medical needs.

    To understand the specific impact on your coverage if you downgrade your plan, please contact your servicing agent.

11. **What does it mean to include a deductible to my medical plan?**
    Including a deductible to your medical plan would mean that in the event of an eligible claim, you will need to pay up to a fixed amount (the deductible amount) of the total eligible expense incurred. The remaining eligible expense incurred, if any, will be payable by MCIS Life, subject to the overall annual limit or lifetime limit of the plan.

    If you wish to include a deductible to your medical plan, please contact your servicing agent.

12. **My policy is under waiver status and my premium payment is waived, how will this revision affect my premium?**
    The additional premium required for this insurance charge revision will not be covered by the waiver rider. To ensure your policy remains sustainable until its expiry, an Investment Top-Up Premium is required to cover the difference.

13. **How often will my medical insurance charges be revised?**
    In line with the interim measures set out by BNM, your insurance charges will be revised in smaller increments over the next 5 years, instead of in one large increment this next year. Your insurance charges may also be revised in the future if necessitated by medical inflation, increases in the amount and frequency of claims by insured lives, and age band movement.

14. **Will the insurance charges be the same if I cancel my current medical plan and take up a new medical plan?**
    Your insurance charges may not be the same if you take up a new medical plan as insurance charges are calculated based on certain rating factors such as your occupation, health condition, age, and the product or plan selected. Different products have different rating factors, and it is unlikely that the insurance charges for your new policy will be the same as your current insurance charges.

15. **I currently have a medical rider, would it be possible to terminate my medical rider and continue with my basic policy and other riders?**
    Yes, you can terminate your medical rider only and continue with your other coverage. However, we advise you to consider the other options available to you to ensure you still receive the medical coverage that you need. For a list of alternative options, please see Question 9 of this FAQ.

16. **What are the consequences of terminating my current medical plan?**
    If you terminate your current medical plan, you may bear the following consequences:
    a. No medical coverage. You will lose out on the benefits and coverage provided to you under your existing plan.
    b. Having to go through the buying process again. If you terminate your current medical plan and later on wish to repurchase this plan or purchase a new medical plan, you will need to go

MCIS INSURANCE BERHAD (435318-U)
Head office: Wisma MCIS, Jalan Barat, 46200 Petaling Jaya, Selangor, Malaysia
Postal address: P.O. Box 345, Jalan Sultan,46916 Petaling Jaya, Selangor Darul Ehsan, Malaysia
T +603 7652 3388
F +603 7957 1562
E customerservice@mcis.my

through the entire process anew. This means that you may need to undergo medical examinations and may be subject to new waiting periods under your new policy. Additionally, the premium for the new plan may differ from the premium of your current plan. Thus, it is crucial to carefully evaluate whether terminating your coverage is suitable for you or if you should explore other available options.

17. I would like to change to a more convenient payment method. What are my options?

Some convenient payment methods available are listed below:

a. If you have a Maybank account or Bank Simpanan Nasional account, we can facilitate an automatic deduction from your bank account. You may send us the name of the account holder, account number, and bank or branch number to medicalplans@mcis.my and we will arrange for the deduction.
b. To use credit cards, please complete the Credit Card Deduction Form available here and email it to medicalplans@mcis.my.

18. What should I do if I need further information or if I have enquiries?

For more information, you may:

a. Access our Customer Portal to know more about the revision to your medical plan's insurance charge.
b. Contact your servicing agent.
c. Contact our Customer Care team at +603 7652 3388 from Monday to Friday, 8.30am to 5.30pm (excluding public holidays).
d. Email us at customerservice@mcis.my or medicalplans@mcis.my.
e. Visit any of our branches. For information on our branch locations, click here.

19. Who may I contact to lodge a complaint?

You may direct your complaints to the Complaint Handling Unit. Details are as follows:

Position:	Complaints Officer
Address:	Wisma MCIS Jalan Barat 46200 Petaling Jaya Selangor Darul Ehsan
Tel No.:	03-7652 3388
Email:	complaint@mcis.my

Complaints should preferably be made in writing and sent to the Complaint Handling Unit by hand, normal mail, or email.

MCIS INSURANCE BERHAD (435318-U)
Head office: Wisma MCIS, Jalan Barat, 46200 Petaling Jaya, Selangor, Malaysia
Postal address: P.O. Box 345, Jalan Sultan,46916 Petaling Jaya, Selangor Darul Ehsan, Malaysia
T +603 7652 3388
F +603 7957 1562
E customerservice@mcis.my

For Insured lives Aged 60 and Above on a Minimum Plan

1. **Why am I getting a one-year pause on my insurance charge revision due to medical repricing?**
   You are getting a one-year pause on your insurance charge revision due to medical repricing as you are 60 years old and above and covered under a minimum plan of a medical product. This one-year pause is one of the interim measures announced by BNM to assist insured lives affected by insurance charge revisions on their medical plan.

   This one-year pause does not apply to insurance charge revisions due to age band movement. For more information on the interim measures, please see our Interim Measures on Medical Repricing FAQ.

2. **What does "minimum plan of a medical product" mean?**
   A medical product refers to any insurance product that provides medical or health protection. Under said medical product, an insurer may offer a few plans, and the plans may be differentiated by Room and Board (R&B) limit and/or annual limit. A minimum plan refers to the lowest plan of a medical product offered by the insurer.

3. **How do I check if I'm covered under a minimum plan?**
   You may contact your servicing agent, our Customer Care team, or access our Customer Portal to check if you're covered under a minimum plan of a medical product.

4. **What happens after the one-year pause in insurance charge revision due to medical repricing?**
   After the one-year pause, your insurance charge revision will be spread out over a minimum period of 3 years. You will then need to pay your recommended Regular Top-Up Premium accordingly to continue to maintain your medical coverage. We will notify you prior to future revisions and further information on the insurance charge revision will be provided at that point.

5. **I'm 60 years old and above, but I'm not covered under a minimum plan of a medical product, am I still eligible for this one-year pause in insurance charge revisions due to medical repricing?**
   If you are 60 years old and above but not covered under a minimum plan of a medical product, you are not eligible for the one-year pause.

MCIS INSURANCE BERHAD (435318-U)
Head office: Wisma MCIS, Jalan Barat, 46200 Petaling Jaya, Selangor, Malaysia
Postal address: P.O. Box 345, Jalan Sultan,46916 Petaling Jaya, Selangor Darul Ehsan, Malaysia
T +603 7652 3388
F +603 7957 1562
E customerservice@mcis.my