

MediGap Care



A **medical plan** tailored just for you to enhance your medical coverage on top of your existing coverage

The benefit(s) payable under eligible product are protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact MCIS Life or PIDM (visit www.pidm.gov.my).

 **mcis LIFE**

member of  **Sanlam** group

Member of PIDM

   [mcis life](https://www.instagram.com/mcislife)

 www.mcis.my

MediGap Care: Providing you with the confidence of enhanced medical protection 24/7.

MediGap Care is a Group Yearly Renewable Hospitalisation and Surgical plan that enhances your existing medical coverage for illnesses or accidental injuries. It is specially designed for an employee, member of an organisation, association or a group of people and their dependents*.

It provides a wide choice of deductible options to suit your needs. Upon attaining the age of sixty (60), the medical coverage will be converted from a chosen deductible option to a zero deductible.

The coverage for Life Assured will continue even if he/she has resigned or retired from the company or is no longer a member of the organisation/association.

**Terms and conditions apply. Please contact the sales representative or MCIS Life for more information.*



The MediGap Care Advantages

Medical plan that enhances the coverage

on top of an existing health
insurance plan



Zero deductible

upon attaining the age of 60,
giving you total peace of mind

Continuous medical coverage

when you leave your company,
retire or no longer a member of the
organisation/association,
the medical coverage will continue
until the age of 85, next birthday



Wide choice of deductible options

designed to suit your healthcare
needs and affordability

Cashless Hospital Admission with Guarantee Letter*



Option to extend protection

to your spouse and children*

**Terms and conditions apply. Please contact the sales representative or MCIS Life for more information.*

The MediGap Care Journey

Case 1



Ahmad is a passionate and dedicated young man driven by his dreams. He recognises that his health will be a key factor determining his success in achieving his goals. Ahmad decides to take up additional medical coverage on top of his company's current coverage.



Note:

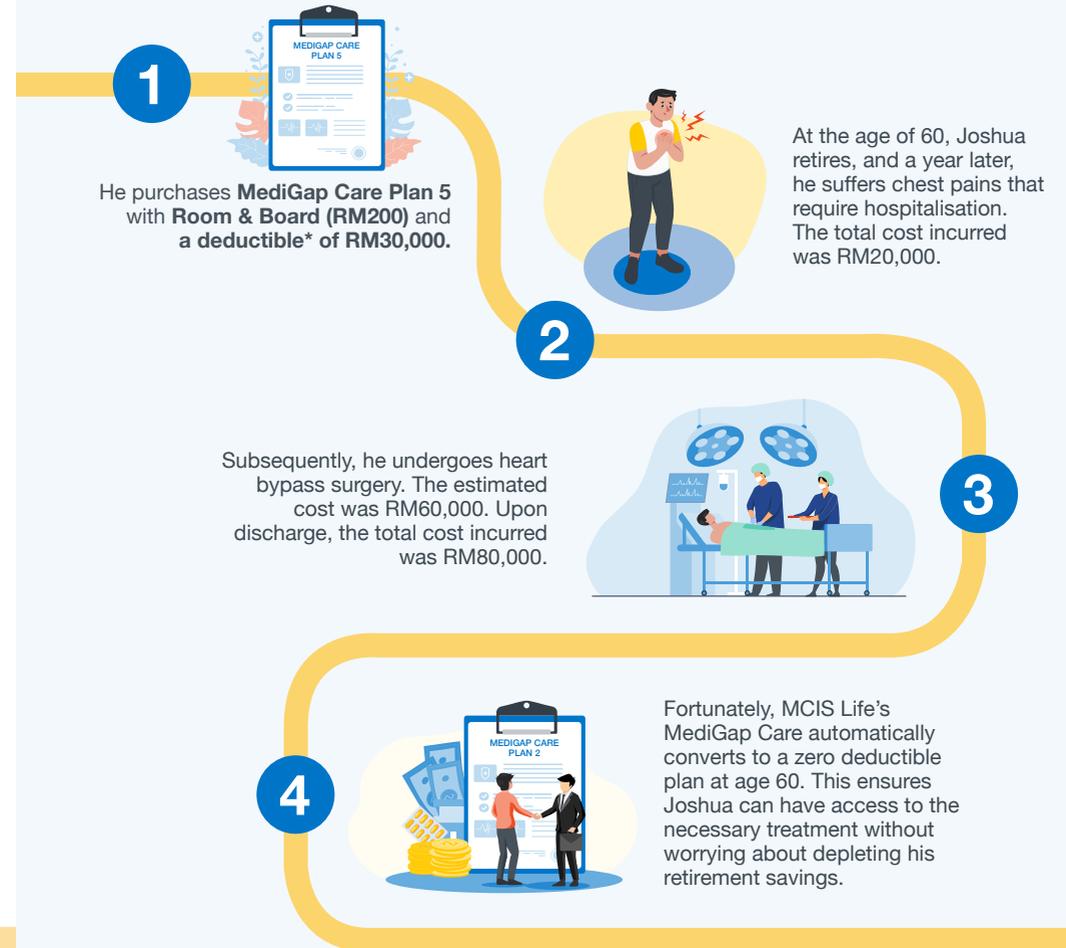
*Deductible is not applicable to Outpatient Treatment Benefits as stated in the Schedule of Benefits.

The MediGap Care Journey

Case 2



Joshua is concerned that once he retires, the potentially high medical costs might exceed the coverage limits of his current basic insurance plan. Therefore, Joshua specifically chooses MCIS Life's MediGap Care as it best suits both his budget and needs.



Note:

*Deductible is not applicable to Outpatient Treatment Benefits as stated in the Schedule of Benefits.

MediGap Care

Schedule of Benefits:

	Benefits	Plan Type				
		Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)
Hospitalisation and Surgical Benefits						
1.	Hospital Room and Board (Limit per day and up to 120 days per disability)	100	100	150	150	200
2.	Intensive Care Unit (Limit per day and up to 90 days per disability)			500		
3.	Hospital Supplies and Services	As Charged, subject to Reasonable and Customary Charges				
4.	Surgical Fees (Post-surgical care is within 90 days following discharge)					
5.	Operating Theatre Fees					
6.	Anaesthetist Fees					
7.	Ambulance Fees					
8.	Daycare Surgery	As Charged, subject to Reasonable and Customary Charges				
9.	In-Hospital Physician Visit (2 visits per day and up to 120 days per disability)					
10.	Goods and Services Tax					
11.	Medical Report (Limit per disability)	100				
Pre-Hospitalisation Benefits						
12.	Pre-Hospitalisation Diagnostic Test Benefit (within 90 days before hospitalisation)	As Charged, subject to Reasonable and Customary Charges				
13.	Pre-Hospitalisation Specialist Consultation Fee (within 90 days before hospitalisation)					
Post-Hospitalisation Benefits						
14.	Post Hospitalisation and Daycare Surgery Follow-up Treatment (within 90 days after discharge)	As Charged, subject to Reasonable and Customary Charges				

MediGap Care

	Benefits	Plan Type				
		Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)
Outpatient Treatment Benefits						
15.	Outpatient Kidney Dialysis Treatment	As Charged, subject to Reasonable and Customary Charges				
16.	Outpatient Cancer Treatment					
17.	Emergency Accidental Outpatient Treatment (Limit per accident, maximum 90 days from date of accident for follow-up treatment)	1,000	1,000	1,500	1,500	2,000
18.	Emergency Accidental Outpatient Dental Treatment (Limit per accident, maximum 30 days from date of accident for follow-up treatment)	1,000	1,000	1,500	1,500	2,000
Other Benefits						
19.	Home Nursing Care (Limit per disability)	500				
20.	Second Medical Opinion (within 90 days before hospitalisation)	As Charged, subject to Reasonable and Customary Charges				
Limits						
21.	Overall Annual Limit	75,000	100,000	150,000	200,000	500,000
22.	Overall Lifetime Limit	No limit				
Deductible Option						
23.	Deductible (per certificate year)	5,000; or 10,000; or 30,000				

Note:

1. If Life Assured is hospitalised at the room & board rate which is higher than the entitled benefit, you have to pay the exceeded amount in the Hospital Room and Board charges.
2. Depending on the Deductible chosen, you must first pay the fixed amount equivalent to the Deductible selected before the total Eligible Expenses incurred will be payable by us, subject to Overall Annual Limit.
3. Deductible is not applicable to item 15 to 18 as stated in the Schedule of Benefits above.

Annual Premium

Deductible 5,000 (per certificate year)

Plan	1	2	3	4	5
Room and Board	100	100	150	150	200
Overall Annual Limit	75,000	100,000	150,000	200,000	500,000
Age (Next Birthday)	Premium (RM)				
0 - 4	412.00	435.00	503.00	506.00	670.00
5 - 10	287.00	304.00	350.00	353.00	467.00
11 - 15	252.00	266.00	307.00	308.00	408.00
16 - 20	304.00	313.00	360.00	362.00	483.00
21 - 25	347.00	359.00	412.00	414.00	553.00
26 - 30	351.00	366.00	422.00	425.00	563.00
31 - 35	407.00	431.00	497.00	500.00	664.00
36 - 40	417.00	441.00	509.00	512.00	679.00
41 - 45	482.00	498.00	573.00	575.00	770.00
46 - 50	580.00	607.00	701.00	705.00	936.00
51 - 55	843.00	870.00	1,001.00	1,004.00	1,346.00
56 - 59	1,098.00	1,162.00	1,342.00	1,350.00	1,802.00
60*	1,098.00	1,162.00	1,342.00	1,350.00	1,802.00

* Applicable for renewal ages only

Annual Premium

Deductible 10,000 (per certificate year)

Plan	1	2	3	4	5
Room and Board	100	100	150	150	200
Overall Annual Limit	75,000	100,000	150,000	200,000	500,000
Age (Next Birthday)	Premium (RM)				
0 - 4	286.00	307.00	354.00	356.00	470.00
5 - 10	200.00	215.00	248.00	249.00	328.00
11 - 15	176.00	188.00	217.00	218.00	287.00
16 - 20	211.00	219.00	254.00	256.00	344.00
21 - 25	240.00	250.00	290.00	293.00	394.00
26 - 30	243.00	258.00	298.00	300.00	398.00
31 - 35	283.00	304.00	351.00	353.00	465.00
36 - 40	290.00	311.00	359.00	361.00	476.00
41 - 45	335.00	348.00	403.00	406.00	547.00
46 - 50	402.00	428.00	494.00	497.00	659.00
51 - 55	584.00	608.00	705.00	710.00	957.00
56 - 59	761.00	817.00	944.00	950.00	1,261.00
60*	761.00	817.00	944.00	950.00	1,261.00

* Applicable for renewal ages only

Annual Premium

Deductible 30,000 (per certificate year)

Plan	1	2	3	4	5
Room and Board	100	100	150	150	200
Overall Annual Limit	75,000	100,000	150,000	200,000	500,000
Age (Next Birthday)	Premium (RM)				
0 - 4	104.00	111.00	127.00	129.00	168.00
5 - 10	74.00	78.00	90.00	91.00	118.00
11 - 15	65.00	69.00	79.00	80.00	104.00
16 - 20	72.00	76.00	89.00	90.00	123.00
21 - 25	84.00	89.00	102.00	104.00	140.00
26 - 30	88.00	94.00	108.00	109.00	142.00
31 - 35	103.00	110.00	126.00	128.00	166.00
36 - 40	105.00	112.00	129.00	131.00	170.00
41 - 45	117.00	124.00	143.00	146.00	195.00
46 - 50	143.00	153.00	176.00	179.00	233.00
51 - 55	199.00	209.00	244.00	247.00	341.00
56 - 59	270.00	289.00	334.00	339.00	445.00
60*	270.00	289.00	334.00	339.00	445.00

* Applicable for renewal ages only

Annual Premium

Deductible zero – Above age 60

Plan	1	2	3	4	5
Room and Board	100	100	150	150	200
Overall Annual Limit	75,000	100,000	150,000	200,000	500,000
Age (Next Birthday)	Premium (RM)				
61 - 65*	1,354.00	1,388.00	1,515.00	1,520.00	1,978.00
66 - 70*	1,969.00	2,019.00	2,204.00	2,211.00	2,877.00
71 - 75*	2,769.00	2,839.00	3,099.00	3,109.00	4,042.00
76 - 80*	4,078.00	4,182.00	4,568.00	4,582.00	5,967.00
81 - 85*	4,662.00	4,779.00	5,217.00	5,235.00	6,801.00

* Applicable for renewal ages only

Frequently Asked Questions (FAQs)

Who is eligible for this plan?

An employee, or member of an organisation, association or group of persons, and their dependent(s) (spouse/child) at the minimum and maximum entry age as per the table below:

	Employee/Member/Spouse	Child
Life Assured	Minimum Entry Age	16 Age Next Birthday (ANB) 30 days
	Maximum Entry Age	59 ANB 19 ANB (25 ANB if full time student)
	Maximum Renewal Age	84 ANB
	Maximum Maturity/Expiry Age	85 ANB

How long will I be covered for?

This is a yearly renewable plan that covers you up to 85 ANB.

How much premium do I need to pay?

The premium that you will have to pay may vary depending on the plan, deductible option chosen, Life Assured's age next birthday and other underwriting requirements of MCIS Life.

The premium for MediGap Care is not guaranteed and may be adjusted by MCIS Life. MCIS Life reserves the right to revise the premium rate if the actual claim experience is worse than expected by giving at least thirty (30) days advance written notice.

What is the application process?

Your proposal will be underwritten with minimal underwriting questions. Just fill in the MediGap Care Application Form and submit the form to MCIS Life Corporate Development Division.

MCIS Life may request additional information to ensure proper assessment of your application.

When will the coverage commence?

The coverage will commence upon the receipt of full premium and underwriting acceptance by MCIS Life.

What is deductible?

Deductible is the amount that you must first pay based on the deductible selected* before the total Eligible Expenses incurred will be payable by MCIS Life, subject to the Overall Annual Limit.

Note:

*Deductible is not applicable to Outpatient Treatment Benefits as stated in the Schedule of Benefits.

Can I reinstate my MediGap Care?

No, reinstatement of MediGap Care is not permitted once it has been lapsed.

What are the exclusions for MediGap Care?

MediGap Care does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

- Pre-Existing Conditions
- Any Disability (except for Injury) and its signs or symptoms that appear within thirty (30) days from the Certificate Effective Date.
- Specified Illness within one hundred and twenty (120) days from the Certificate Effective Date.
- Plastic/Cosmetic surgery, circumcision (unless Medically Necessary for treatment of a disease), eye examination, glasses, lens and refraction or surgical correction of nearsightedness and farsightedness (Radial Keratotomy or Lasik), the use or acquisition of external prosthetic appliances or devices such as hearing aids, implanted pacemakers, removable splint/brace/immobilizer, equipment such as walking stick/wheelchair/crutches, double eyelids, acne, keloids, scars, skin tags, xanthelasma, gynaecomastia, diffused alopecia/hair loss, or treatment of their complications and prescriptions thereof.

- Dental conditions including dental treatment, oral surgery, cancer, orthognathic surgery, jaw alignment, treatment for the temporomandibular joint, upper and lower jawbone surgery except for direct treatment of acute traumatic injury as necessitated by Accidental Injuries to sound natural teeth occurring wholly in any Certificate Year.
- Private nursing, rest cures or sanitarium care, illegal drugs, intoxication (including but not limited to alcohol and drugs), sterilisation, venereal disease and its sequelae, AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law.
- Any treatment, assessment or surgical operation for congenital abnormalities or deformities including hereditary conditions or developmental elements and any Disability or complications arising therefrom inclusive but not restricted to such as dermoid cysts, childhood hernias / hydrocele (all hernia up to age of six (6) is not covered), clubfoot, Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Thalassaemia, Squint, Haemangioma, Traditional Complimentary Medicine etc.
- Pregnancy, childbirth (including surgical delivery and any surgical or non-surgical procedures on the female reproductive system during 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 sterilisation.
- 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.
- Injuries or Hospitalisation as a result of drug abuse, addictive disorders from substance misuse or while under the influence of alcohol.
- Suicide, attempted suicide, attempted threat or self-inflicted injury while sane or insane.
- 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, rebellions, nuclear war, biological and chemical warfare/activities.
- Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- Expenses incurred for donation of any body organ by a Life Assured and costs of acquisition of the organ including all costs incurred by the donor during organ transportation and storage of the organ including all costs incurred by the donor during organ transplant and its complications.
- Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy, stem cell therapy, PET scan and alternative therapy such as treatment, medical service or supplies, including but not limited to acupuncture, reflexology, bonesetting, herbalist treatment, massage or aromatherapy or other alternative treatment.

MediGap Care

- Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Life Assured and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract or from either sources in respect of Injury or Illness or Disease for which the claim is made.
- Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations).
- Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, broadband services, electricity bills for handphone charging, radios or similar facilities, admission kit/pack, newspaper and other ineligible non-medical items.
- Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to parachuting, skydiving, water skiing, underwater activities requiring breathing apparatus, mountaineering, winter sports, professional sports and rock-climbing.
- As a result of committing, attempting an unlawful act or provoking an assault or a felony or from any violation of law.
- Engaging in aerial flights and private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- Expenses incurred for sex changes.
- Any neonatal medical or physical conditions including birth trauma (a physical injury sustained by an infant during birth) occurring within the first thirty (30) days from the Certificate Effective Date or date of birth, whichever is later.

Note:

This list is non-exhaustive. Please refer to the policy contract for the full list of exclusions under MediGap Care.

MediGap Care

Important Notes

1. This brochure provides a brief description of the insurance product and shall not be construed as a policy of insurance. You are advised to refer to the Product Disclosure Sheet.
2. Please refer to the policy contract for further information and specific details as the exclusions and limitations highlighted in this brochure are not exhaustive.
3. You should satisfy yourself that MediGap Care will best serve your needs and that the premium under this plan is an amount you can afford.
4. You may cancel your insurance coverage within fifteen (15) days after you have received the policy/certificate of assurance. The premium that you have paid less any medical expenses will be refunded to you.
5. If you terminate your policy/certificate of assurance, you may not get back the total amount that you have paid.
6. No benefit will be payable if you have travelled or resides out of Malaysia for a continuous period of more than ninety (90) days.
7. It may not be advantageous to switch from one medical plan to another, as you may be subject to new terms and conditions of the new plan.
8. You may qualify for personal tax relief, subject to the final decision of the Inland Revenue Board of Malaysia.
9. Should you require additional information about medical and health insurance, please refer to the *insuranceinfo* booklet on "Medical and Health Insurance". You can obtain a copy from www.insuranceinfo.com.my.
10. In the event of conflict of interpretation between English and other languages or ambiguity arising out of the translation to other languages, the English text and its interpretation shall prevail.



member of  **Sanlam** group

Contact our Customer Service Representative today to sign up.

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MCIS Insurance Berhad is licensed under the Financial Services Act 2013 and is regulated by Bank Negara Malaysia.