

MediLove

Peace of mind, for better health



MediLove Features

Medical Card As a policyholder, just present the card at any participating hospital to facilitate your admission.

24 Hour Call Centre

Your membership entitles you to a 24 Hours assistance on medical referrals, monitoring and other travel information both locally and overseas. Its just a phone call away. Toll free: 1-800-88-2318 (MiCare)

Tax Relief

Claim up to RM 3,000 in tax relief for medical premiums paid. However, this amount is subject to the current terms and conditions of the income tax relief provisions.

Easy Claims

Your worries are over! No need to prepare or submit claims, because all expenses under MediLove plans will be paid directly to the hospitals. No more hefty bills and all you need to do is settle your excess charges, if any.

What Is Your Cover?

Plans	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)
Overall Annual Limit	10,000	20,000	30,000	50,000	100,000	150,000
	(Maximum Per Disability)					
HOSPITAL BENEFITS						
Daily Hospital Room & Board (Max. 200 days)	60	80	120	200	350	450
Intensive Care Unit (Max. 90 days)	120	160	250	400	500	600
Hospital Supplies and Services	**As Charged**					
Operating Theatre	(Subject to Reasonable & Customary Charges)					
SURGICAL BENEFITS						
Surgical expenses comprising the following but excluding organ transplantation:						
Pre-Surgical Diagnostic Test (within 60 days prior to admission)	**As Charged**					
Pre-Surgical Specialist Consultation (within 60 days prior to admission)	(Subject to Reasonable & Customary Charges)					
Surgical Fees						
Anaesthetist Fees						

MEDICAL BENEFITS Medical expenses for non-surgical treatment, comprising: Pre-Hospital Diagnostic Test (within 60 days prior to admission) Pre-Hospital Specialist Consultation (within 60 days prior to admission) In-Hospital Physician Visit (Max. 60 days) Post Hospitalisation Treatment (within 31 days after discharge)	**As Charged** (Subject to Reasonable & Customary Charges)					
OUT-PATIENT BENEFITS Emergency Outpatient Treatment for Accident only (within 24 hours and follow-up treatment to a Max. of 31 days) Outpatient Physiotherapy Treatment (within 90 days after discharge/surgery) Ambulance Fees Monthly Outpatient Kidney Dialysis & Cancer Treatment	**As Charged** (Subject to Reasonable and Customary Charges)					
	200	250	300	500	700	1,000
	1,000	2,000	3,500	4,000	5,000	6,000
ORGAN TRANSPLANTATION						
Heart, Kidney, Lung, Liver, Bone Marrow Transplantation	5,000	12,500	20,000	30,000	50,000	60,000
OTHER BENEFITS						
Daily Government Hospital Cash Allowance (Max. 200 days per annum)	25	35	45	50	55	60
Insured Child's Daily Guardian Benefits (Max. 60 days)	25	50	75	100	175	200
Goods and Services Tax (GST)	**As Charged**					

Note: Unless renewed, the coverage will cease on the expiry date and the insurance company shall strictly not be liable for any expenses that take place after the expiry date.

Insured Person Eligibility

Minimum Entry Age	- 30 days (Age Next Birthday)
Maximum Entry Age	- 60 years (Age Next Birthday)
Maximum Expiry Age	- 70 years (Age Next Birthday)

TERMS & CONDITIONS:

Cash Before Cover The insurance premium due must be paid and received by the insurance company before cover commenced.

Upgraded Room & Board Co-Payment If the Insured Person is hospitalized at a published Room & Board rate which is higher than his/her eligible benefit, the Insured Person shall bear 20% of the eligible benefits described in the Schedule of Benefits.

Period Of Insurance Duration of cover is 1 year and is renewable annually.

Cooling-Off Period If this Policy shall have been issued and for any reason whatsoever the Policyholder shall decide not to take up the Policy, the Policyholder may return the Policy to the Company for cancellation provided such request for cancellation is delivered by the Policyholder to the Company within fifteen (15) days from the date of delivery of the Policy. The Policyholder is entitled to the return of the full premium paid less deduction of medical expenses incurred by the Company in the issue of the Policy.

Waiting Period The eligibility for benefits under the policy will only start 30 days after the effective date of the policy, except for accidental injuries.

THINGS YOU SHOULD KNOW:

Currency Payment All payment under this policy shall be made in the legal currency of Malaysia. Should any payment be requested by the Insured Person to be payable in any other currency, then such amount shall be payable in the demand currency as may be purchased in Malaysia at the prevailing currency market rates on the date of the claim settlement.

Contribution If an Insured Person carries other insurance covering any illness or injury insured by this Policy, the Company shall not be liable for a greater proportion of such illness or injury than the amount applicable hereto under this Policy bears to the total amount of all valid insurance covering such illness or injury.

Pre- Existing Illness Shall be limited to disabilities which exist before the effective date of cover and for which the Insured Person should have reasonably been aware 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.

Change in Risk The Insured Person shall give immediate notice in writing to the insurance company of any material change in his or her occupation, business, duties or pursuits and pay any additional premium that may be required by the Company.

Will my policy still cover me if I no longer reside in Malaysia? Should you reside outside Malaysia for more than ninety (90) consecutive days the policy will cease to be in effect.

General Exclusion:

*Pre-existing conditions and Specified Illnesses *Maternity *Dental conditions including dental treatment or oral surgery * Congenital abnormalities *Cosmetic or plastic surgery.

Note: This list is non-exhaustive. Please refer to the policy for the full list of exclusions under this policy.

PREMIUM

Age next birthday	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)	Plan 4 (RM)	Plan 5 (RM)	Plan 6 (RM)
30 days - 17 years	326	381	449	545	673	832
18 – 35 years	351	445	524	636	785	896
36 – 45 years	501	636	749	908	1122	1280
46 – 55 years	777	985	1160	1408	1738	1985
56 – 60 years	1152	1462	1722	2089	2580	2945
61 – 65 years (renewal only)	1603	2034	2395	2907	3589	4097
66 – 70 years (renewal only)	2155	2734	3219	3906	4823	5506

* Additional stamp duty payable RM 10

* The premium is subject to an additional 6% GST in accordance to Goods and Services Tax Act 2014.

GOODS AND SERVICES TAX ('GST')

Important Notice:

Please be informed that the Goods and Services Tax ('GST') will be implemented by the Government of Malaysia with effect from 1 April 2015 at a rate of six (6) per centum.

Zurich General Insurance Malaysia Berhad reserves the right to collect from you an amount equivalent to the GST payable on the applicable premium for the policy period, or in the event that the policy period commences before but expires after 1 April 2015, to collect from you an amount equivalent to the GST payable on the applicable premium calculated from 1 April 2015 on a pro-rated basis.

Your obligation to pay GST shall form part of the Terms and Conditions in your insurance policy.

Ciri-ciri MediLove

Kad Perubatan Sebagai pemegang polisi, anda hanya perlu kemukakan kad di mana-mana hospital turut serta semasa mendaftar masuk.

Pusat Panggilan 24 Jam

Keahlian anda melayakkan anda untuk menerima bantuan 24 Jam bagi rujukan perubatan, pemerhatian dan maklumat kembara lain sama ada di dalam atau luar negara. Anda hanya perlu menelefon talian percuma: 1-800-88-2318 (MiCare)

Pelepasan Cukai

Tuntutan pelepasan cukai sehingga RM 3,000 untuk premium perubatan yang dibayar. Bagaimanapun, jumlah ini tertakluk kepada terma dan syarat pelepasan cukai semasa.

Tuntutan Mudah

Tiada lagi kerenah! Tidak perlu menyediakan atau membuat tuntutan, kerana semua perbelanjaan di bawah pelan MediLove akan dibayar terus kepada hospital. Tiada lagi bil melambung tinggi dan anda hanya perlu menjelaskan caj lebih sahaja, jika ada.

Apakah Tahap Perlindungan Anda?

Pelan	Pelan 1 (RM)	Pelan 2 (RM)	Pelan 3 (RM)	Pelan 4 (RM)	Pelan 5 (RM)	Pelan 6 (RM)
Had Keseluruhan Tahunan	10,000	20,000	30,000	50,000	100,000	150,000
	(Maksimum Setiap Ketidakupayaan)					
MANFAAT HOSPITAL						
Bilik dan Makanan Hospital Harian (Maks 200 Hari)	60	80	120	200	350	450
Unit Rawatan Rapi (Maks. 90 hari)	120	160	250	400	500	600
Bekalan dan Perkhidmatan Hospital Bilik Pembedahan	**Mengikut Caj Yang Dikenakan** (Tertakluk kepada Caj Munasabah & Lazim)					
MANFAAT PEMBEDAHAN						
Perbelanjaan pembedahan terdiri daripada yang berikut kecuali pemindahan organ: Ujian Diagnostik Pra-Pembedahan (dalam masa 60 hari sebelum kemasukan) Rundingan Pakar Pra-Pembedahan (dalam masa 60 hari sebelum kemasukan) Yuran Pembedahan Yuran Pakar Bius	**Mengikut Caj Yang Dikenakan** (Tertakluk kepada Caj Munasabah & Lazim)					

<p>MANFAAT PERUBATAN</p> <p>Perbelanjaan perubatan bagi rawatan bukan pembedahan, termasuk:</p> <p>Ujian Diagnostik Pra-Hospital (dalam masa 60 hari sebelum kemasukan)</p> <p>Rundingan Pakar Pra-Hospital (dalam masa 60 hari sebelum kemasukan)</p> <p>Lawatan Pakar Dalam Hospital (Maks. 60 hari)</p> <p>Rawatan Selepas Penghospitalan (dalam masa 31 hari dari tarikh keluar hospital)</p>	<p>**Mengikut Caj Yang Dikenakan** (Tertakluk kepada Caj Munasabah & Lazim)</p>					
<p>MANFAAT PESAKIT LUAR</p> <p>Rawatan kecemasan pesakit luar akibat kemalangan (dalam 24 jam dan rawatan susulan sehingga Maks. 31 hari)</p> <p>Rawatan Fisioterapi Pesakit Luar (dalam masa 90 hari dari tarikh keluar hospital / pembedahan)</p> <p>Yuran Ambulans</p> <p>Dialisis Buah Pinggang & Rawatan Kanser Pesakit Luar Bulanan</p>	<p>**Mengikut Caj Yang Dikenakan** (Tertakluk kepada Caj Munasabah & Lazim)</p>					
	200	250	300	500	700	1,000
	1,000	2,000	3,500	4,000	5,000	6,000
<p>PEMINDAHAN ORGAN</p> <p>Jantung, Buah Pinggang, Paru-Paru, Hati, Sumsum Tulang</p>	5,000	12,500	20,000	30,000	50,000	60,000
<p>MANFAAT-MANFAAT LAIN</p> <p>Elaun Tunai Harian di Hospital Kerajaan (Maks. 200 hari setahun)</p>	25	35	45	50	55	60
<p>Manfaat Penjaga Harian Bagi Kanak-Kanak Yang Diinsuranskan (Maks. 60 hari)</p>	25	50	75	100	175	200
<p>Cukai Barangan dan Perkhidmatan (GST)</p>	<p>**Mengikut Caj Yang Dikenakan**</p>					

Perhatian: Selain daripada pembaharuan, perlindungan ini akan tamat pada tarikh luput dan syarikat insurans dengan tegasnya tidak bertanggungjawab terhadap sebarang perbelanjaan yang dibuat selepas tarikh luput.

Kelayakan Orang Diinsurankan

Usia Penyertaan Minimum	- 30 hari (Hari Jadi Akan Datang)
Usia Penyertaan Maksimum	- 60 tahun (Hari Jadi Akan Datang)
Usia Luput Maksimum	- 70 tahun (Hari Jadi Akan Datang)

TERMA-TERMA & SYARAT-SYARAT:

Tunai Sebelum Perlindungan Premium Insurans yang perlu dibayar mesti dibayar dan diterima oleh syarikat insurans sebelum perlindungan bermula.

Pembayaran Bersama Bilik & Makanan Dinaik Taraf Jika Orang Diinsurankan dimasukkan ke hospital pada kadar Bilik & Makanan yang lebih tinggi daripada manfaat yang layak diterima, Orang Diinsurankan perlu menanggung 20% daripada manfaat-manfaat lain yang anda layak yang dinyatakan dalam Jadual Manfaat.

Tempoh Insurans Tempoh perlindungan adalah 1 tahun dan boleh diperbaharui setiap tahun.

Tempoh Bertenang Jika Polisi ini telah dikeluarkan dan atas apa jua sebab, Pemegang Polisi membuat keputusan untuk tidak melanggan Polisi, Pemegang Insurans boleh memulangkan Polisi kepada Syarikat untuk dibatalkan selagi permintaan untuk pembatalan tersebut disampaikan oleh Pemegang Insurans kepada Syarikat dalam masa lima belas (15) hari dari tarikh penghantaran Polisi. Pemegang Polisi layak menerima premium penuh yang telah dibayar, ditolak potongan bagi belanja perubatan yang ditanggung oleh Syarikat untuk mengeluarkan Polisi ini.

Tempoh Menunggu Kelayakan manfaat di bawah Polisi hanya akan bermula 30 hari selepas tarikh kuat kuasa polisi.

PERKARA YANG PATUT ANDA TAHU:

Mata Wang Pembayaran Semua pembayaran di bawah polisi ini hendaklah dibuat dalam mata wang sah Malaysia. Sekiranya sebarang pembayaran diminta oleh Orang Diinsurankan dibayar di dalam sebarang mata wang lain, maka jumlah tersebut hendaklah dibayar dalam mata wang permintaan yang boleh dibeli di Malaysia pada kadar pasaran mata wang pada tarikh penjelasan tuntutan.

Sumbangan Jika Orang Diinsurankan mempunyai insurans lain yang melindungi penyakit atau kecederaan yang dilindungi oleh Polisi ini, Syarikat tidak akan bertanggungjawab bagi bahagian penyakit atau kecederaan tersebut yang lebih besar daripada jumlah yang ditetapkan di bawah Polisi ini berbanding jumlah semua insurans sah yang melindungi penyakit atau kecederaan tersebut.

Penyakit Sedia Ada terhad kepada kehilangan upaya yang wujud sebelum tarikh kuat kuasa perlindungan dan yang sewajarnya diketahui oleh Orang Diinsurankan. Orang Diinsurankan boleh dianggap wajar mengetahui tentang keadaan sedia ada itu apabila:-

- Orang Diinsurankan telah atau sedang menerima rawatan;
- Nasihat perubatan, diagnosis, penjagaan atau rawatan telah disyorkan;
- Gejala yang jelas dan ketara dapat atau telah dilihat; atau
- Kewujudannya adalah jelas kepada orang yang berfikiran waras dalam keadaan itu.

Perubahan Risiko Orang Diinsurankan hendaklah memberi notis serta-merta secara bertulis kepada syarikat insurans mengenai sebarang perubahan penting dalam pekerjaan, perniagaan, tugas atau kegiatannya dan membayar premium tambahan yang mungkin dikehendaki oleh Syarikat.

Adakah polisi saya akan terus melindungi saya jika saya tidak lagi tinggal di Malaysia?

Sekiranya anda bermastautin di luar Malaysia selama lebih daripada sembilan puluh (90) hari secara berturut-turut, maka polisi ini tidak lagi berkuat kuasa.

Pengecualian Am:

*Keadaan sedia ada dan Penyakit Terkhusus *Kehamilan *Masalah pergigian termasuk rawatan pergigian atau pembedahan mulut *Kecacatan kongenital *Pembedahan kosmetik atau plastik

Perhatian: Senarai ini tidak lengkap. Sila rujuk kepada polisi untuk senarai lengkap pengecualian di bawah polisi ini.

PREMIUM

USIA PADA TARIKH LAHIR BERIKUTNYA	Pelan 1 (RM)	Pelan 2 (RM)	Pelan 3 (RM)	Pelan 4 (RM)	Pelan 5 (RM)	Pelan 6 (RM)
30 hari - 17 tahun	326	381	449	545	673	832
18 – 35 tahun	351	445	524	636	785	896
36 – 45 tahun	501	636	749	908	1122	1280
46 – 55 tahun	777	985	1160	1408	1738	1985
56 – 60 tahun	1152	1462	1722	2089	2580	2945
61 – 65 tahun (pembaharuan sahaja)	1603	2034	2395	2907	3589	4097
66 – 70 tahun (pembaharuan sahaja)	2155	2734	3219	3906	4823	5506

* Duti setem tambahan RM 10 perlu dibayar

* Premium adalah tertakluk kepada tambahan 6% GST menurut Akta Cukai Barangan dan Perkhidmatan 2014.

CUKAI BARANGAN DAN PERKHIDMATAN ('GST')

Notis Mustahak

Dimaklumkan bahawa Cukai Barangan dan Perkhidmatan ('GST') akan dikuatkuasakan oleh Kerajaan Malaysia pada 1 April 2015 pada kadar enam (6) peratus.


Zurich General Insurance Malaysia Berhad berhak memungut sejumlah amaun bayaran GST yang berpatutan keatas premium yang ditetapkan semasa tempoh polisi, atau sekiranya tempoh polisi bermula sebelum dan berakhir selepas 1 April 2015, memungut daripada pemegang polisi amaun GST keatas premium yang dikira secara pro-rata mulai 1 April 2015.

Kewajipan pembayaran GST hendaklah tertakluk kepada Terma dan Syarat di dalam polisi insurans.

Zurich General Insurance Malaysia Berhad (1249516-V)

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