



EMGS MEDICAL COVERAGE

FOR CERTIFICATE STARTING

1ST APRIL 2025 TO 31ST MARCH 2026





TAKAFUL PLAN AVAILABLE

TAKAFUL PLAN AVAILABLE



NO.	PLAN DESCRIPTION	PLAN 1 (RM)	PLAN 2 (RM)	PLAN 3 (RM)
1	Hospitalization (In-patient) Overall Maximum Per Disability (per person)	20,000	30,000	50,000
	Deductible	300	300	300
2	Clinic (Out-patient) Overall Annual Limit for General Practitioner (per person)	500	750	1,250
	Deductible	50	50	50

^{*}The benefits applicable to the 2025 plan, effective from 1st April 2025 only.

Notes:

- ☐ The **deductible** is the amount that a student must pay out of pocket for covered medical services before the Takaful begins to share the costs. The deductible payment is required once the bill is issued.
- A deductible of **RM300** is applicable for hospitalization (each disability) and **RM50** is applicable for each outpatient clinic visit. Etiqa will cover the eligible expenses remaining after these deductible amount.

IMPOSABLE OF DEDUCTIBLES



Inpatient Scenario

Plan Selected:	Plan 1 (with RM 300 deductible)
Total Medical Bill:	RM 5,000
Deductible (per disability):	RM 300
Non-Covered Items:	RM 50 (e.g., vitamins, supplements, and non-medical items)
Breakdown of Payment:	
 Amount payable by the student: RM 300 (deductible) RM 50 (non-covered items) 	RM 350
Amount payable by Etiqa (EFTB):	RM 4,650

Outpatient Scenario

Plan Selected:	Plan 1 (with RM 50 deductible)	
Total Outpatient Bill:	RM 110	
Deductible (per visit):	RM 50	
Breakdown of Payment:		
Amount payable by the student:	RM 50	
Amount payable by Etiqa (EFTB):	RM 60	

Plan Selected:	Plan 1 (with RM 50 deductible)
Total Outpatient Bill:	RM 40
Deductible (per visit):	RM 50
Breakdown of Payment:	
Amount payable by the student:	RM 40 (Less than RM50, no Takaful coverage provided)
Amount payable by Etiqa (EFTB):	RM 0



Group Hospitalization & Surgical (GHS)



SCHEDULE OF BENEFITS - GHS



	SCHEDULE OF BENEFITS				
Ī	PLAN NAME PLAN DESCRIPTION	PLAN 1 R&B200, OAL20,000	PLAN 2 R&B250, OAL30,000	PLAN 3 R&B300, OAL50,000	
l	DETAILS OF BENEFITS	RM	RM	RM	
þ	Room & Board				
	a) Ordinary Daily maximum up to 120 days - Private Hosp. Daily maximum up to 120 days - Govt. Hosp.	200	250	300	
k	b) ICU Daily maximum up to 30 days	200	250	300	
*	Hospital Supplies & Services (Maximum per disability)	As Charged	As Charged	As Charged	
*	Surgical Fees (Maximum per disability)	As Charged	As Charged	As Charged	
×	Operating Theatre	As Charged	As Charged	As Charged	
×	Anaesthetist Fees	As Charged	As Charged	As Charged	
*	In-Hospital Physician Visit (max of two (2) visits per day) (Daily maximum up to 120 days)	As Charged	As Charged	As Charged	
*	Pre-Hospital Diagnostic Tests (Within 31 days before hospitalisation)	As Charged	As Charged	As Charged	
*	Pre-Hospitalisation Specialist Consultation (Within 31 days before hospitalisation)	As Charged	As Charged	As Charged	

SCHEDULE OF BENEFITS - GHS



	SCHEDULE OF BENEFI	TS		
	PLAN NAME	PLAN 1	PLAN 2	PLAN 3
	PLAN DESCRIPTION	R&B200, OAL20,000	R&B250, OAL30,000	R&B300, OAL50,000
	DETAILS OF BENEFITS	RM	RM	RM
*	Post-Hospitalisation Treatment (Follow up within 31 days of discharge)	As Charged	As Charged	As Charged
*	Emergency Accidental Outpatient Treatment (within 24 hours after the accident & follow up within 14 days of first treatment)	As Charged	As Charged	As Charged
k	Emergency Accidental Dental Treatment (within 24 hours after the accident & follow-up treatment up to 14 days)	As Charged	As Charged	As Charged
*	Ambulance Fees (per disability)	150	200	250
*	Government Hospital Cash Benefit Allowance (Daily maximum up to 120 days)	60	80	100
k	Day Care Procedure (maximum up to Pre-daycare 31 days & Post-daycare 31 days)	As Charged	As Charged	As Charged
	Emergency Outpatient Sickness Treatment between 10 p.m to 8 a.m only (Maximum per disability)	100	100	100
k	Reimbursement of Medical Report Fees	50	50	50
*	Reimbursement of Goods and Services Tax	As Charged	As Charged	As Charged
	Outpatient Cancer Treatment - Subject to Overall Annual Limit	10,000	15,000	25,000

SCHEDULE OF BENEFITS - GHS



SCHEDULE OF BENEFITS			
PLAN NAME	PLAN 1	PLAN 2	PLAN 3
PLAN DESCRIPTION	R&B200, OAL20,000	R&B250, OAL30,000	R&B300, OAL50,000
DETAILS OF BENEFITS	RM	RM	RM
Outpatient Kidney Dialysis Treatment - Subject to Overall Annual Limit	10,000	15,000	25,000
Reimbursement of tuition fees due to prolonged period of disability per semester - Subject to Overall Annual Limit	10,000	12,500	15,000
Compassionate visitation benefit - Subject to Overall Annual Limit	5,000	7,500	10,000
OVERALL MAXIMUM PER DISABILITY PER PERSON (Item *)	20,000	30,000	50,000
DEDUCTIBLE	300	300	300
Funeral Expenses - All Causes (All members)	2,000	2,000	2,000
Emergency Medical Evacuation/ Repatriation Expense	Up to 100,000	Up to 200,000	Up to 300,000
Accidental Death & Disablement	20,000	30,000	50,000

^{*}The benefits applicable to the 2025 plan, effective from 1st April 2025 only.





SCHEDULE OF BENEFITS - GOP



SCHEDULE OF BENEFITS			
PLAN NAME PLAN DESCRIPTION	PLAN 1	PLAN 2	PLAN 3
DETAILS OF BENEFITS	RM	RM	RM
Consultation	As Charged (Cashless)	As Charged (Cashless)	As Charged (Cashless)
Medication	As Charged (Cashless)	As Charged (Cashless)	As Charged (Cashless)
Injection	As Charged (Cashless)	As Charged (Cashless)	As Charged (Cashless)
Diagnostic Lab/X-ray	As Charged (Cashless)	As Charged (Cashless)	As Charged (Cashless)
Outpatient Surgical Procedure	As Charged (Cashless)	As Charged (Cashless)	As Charged (Cashless)
Non Panel (Emergency Only)	As Charged (Reimbursement)	As Charged (Reimbursement)	As Charged (Reimbursement)
DEDUCTIBLE	RM50	RM50	RM50
OVERALL ANNUAL LIMIT FOR GP (per person)	RM500	RM750	RM1,250

^{*}The benefits applicable to the 2025 plan, effective from 1st April 2025 only.

STANDARD EXCLUSION



Cosmetic surgery (i.e; Lasik, eye examination)	Any act of war
Dental related (dental treatment or oral surgery)	Investigation and treatment of sleep and snoring disorder
Congenital abnormalities	
	Routine physical examination
Pregnancy related (i.e; miscarriage, abortion)	Experimental Procedure
Suicide, attempted suicide	Psychotic, mental or nervous disorder
AIDS and AIDS Related Complex and any	Sexual dysfunction or infertility
communicable diseases (i.e; Covid-19)	Alternative therapies
	Vitamins, food supplements

Notes:

The list is non-exhaustive. Please refer to the **EMGS portal** for the full list of exclusions under this plan.



ETIQA+ APP



Download the Etiqa+ App now!

You may also scan the QR code for easy access.





Important Notes:

If you can't find the app in your App/Play store, please change your country/region in your phone store settings first.

An all-in-one Takaful app with Fast & Easy solutions at your fingertips.

Get Started with the Etiqa+ App









Download the Etiqa+ App

Make payments, submit claims, locate panels & so much more!

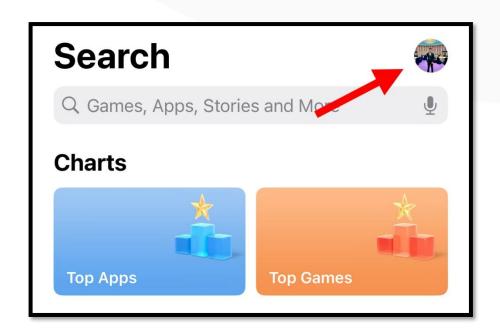


HOW TO CHANGE YOUR COUNTRY IN STORE SETTING



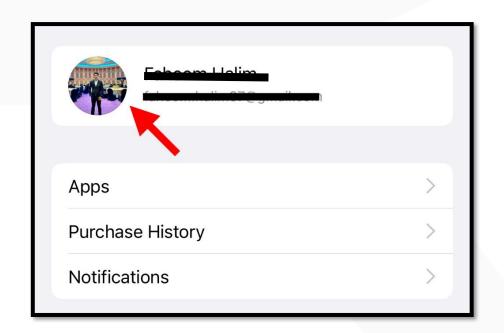
Step 1

Open 'Apps/Play Store', and click on your profile picture.



Step 2

- i. Apps Store: Click your 'Profile Picture' again > Account Settings.
- ii. Play Store: Settings > General > Account and device preferences.

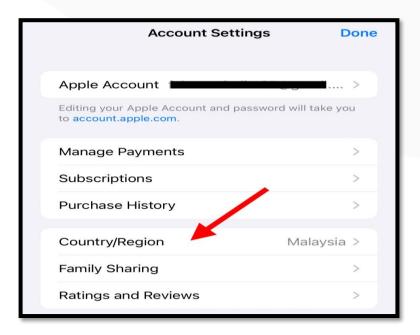


HOW TO CHANGE YOUR COUNTRY IN STORE SETTING



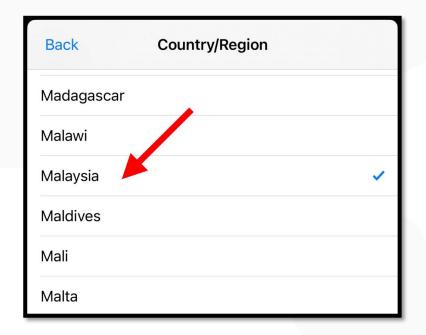
Step 3

- i. Apps Store: Click on 'Country/Region'.
- **ii. Play Store**: Click on 'Country and profiles'.





Find and choose 'Malaysia'.



Notes: For Android user, if you're unable to change your Google Play country, please refer to the help guide on your phone for assistance.

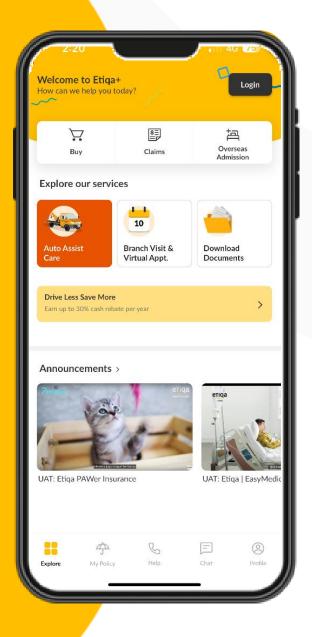




Details to prepare for Sign Up:

- 1. Username, Password and Secret Word
- 2. NRIC or Passport Number
- 3. Malaysia Phone Number (+60xx-xxx xxxx)
- 4. Email Address
- 5. Policy Number (Eg. TGWHxxxxxx)





Etiqa+ Mobile Application

An all-in-one app which can make you smile with Fast & Easy solutions at your fingertips.



View Room Entitlement





View Realtime GL Status



View Annual & Lifetime Limit



View Guarantee Letter





Medical Panel Search



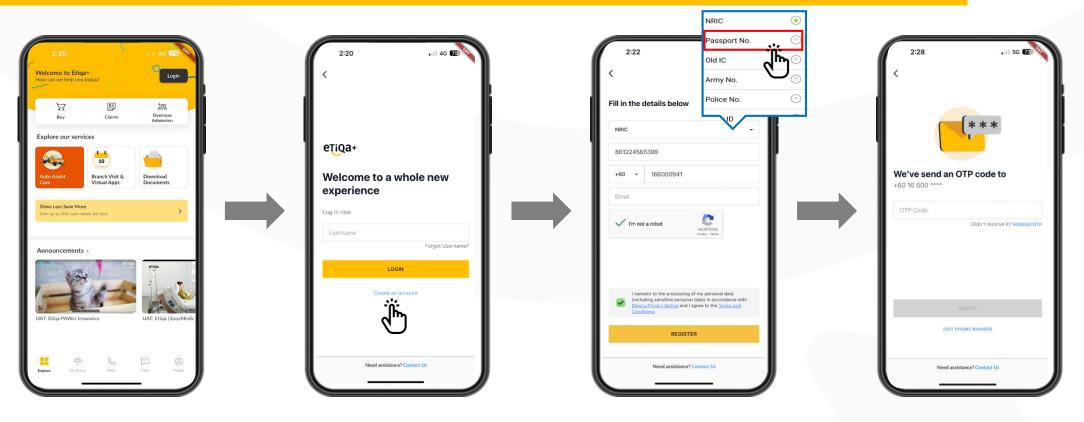


Submit & Track Claim Status

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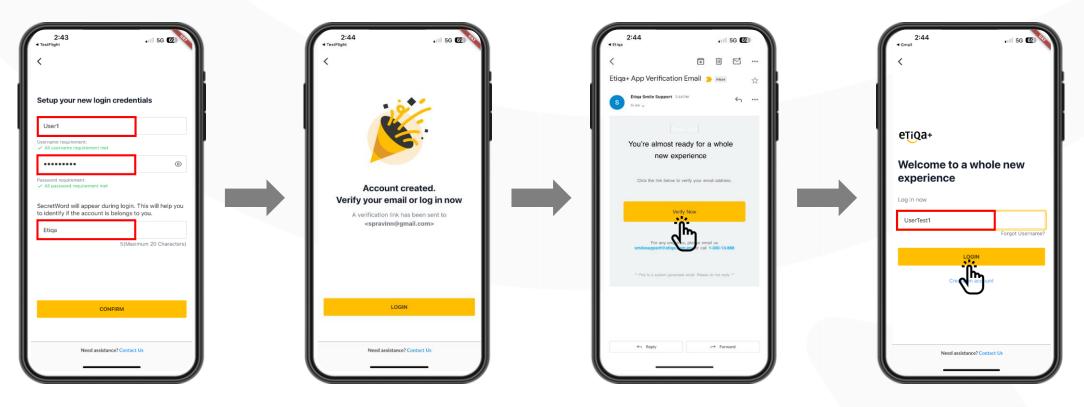
(1) First Time Login



- Tap Login to go to the Login page. If you're a first-time user, select Create an account.
- 2. If you're a first-time user, select **Create an account**.
- Key in the necessary details and complete the captcha.
 Click Register to submit your information.
- 4. Enter the **OTP** you receive and click **Verify** to complete the process.



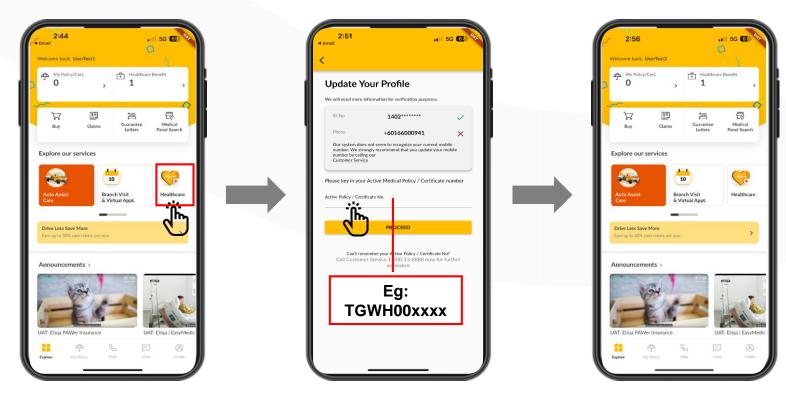
(1) First Time Login (continued)



- 5. Set up your login credentials by keying in a username, password, and secret word, then click **Confirm**.
- 6. Your account is created. A verification link will be sent to your registered email for verification.
- 7. Check your email and click **Verify Now** to complete the verification.
- Return to the app, enter your username, and click **Login** to access your account.



(2) Accessing Healthcare Module



- 1. Tap the **Healthcare icon** to begin.
- 2. Key in your **Policy Number**.
- 3. Your Healthcare Dashboard will automatically update with all your Healthcare policy information.

POLICY DETAILS



Policy for FY2025/2026 :-

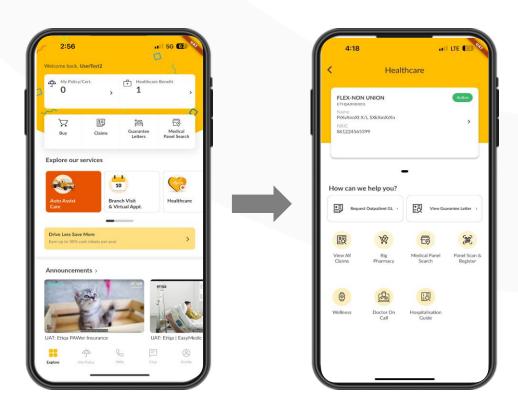
- Period of Coverage : 01/04/2025 31/03/2026
- For students who have selected Etiqa on 01/04/2025 & onwards and have made payment to EMGS.
- Please use:
 - ☐ TGWH001624 (GHS)
 - ☐ TOPW000181 (GOP)

Notes:

- For students who have selected Etiqa on or before 31/03/2025 and have made payment to EMGS for the coverage period: 01/04/2025 31/03/2026.
- Please use:
 - ☐ TGWH001601 (GHS)
 - ☐ TOPW000180 (GOP)



(3) Accessing Healthcare Services



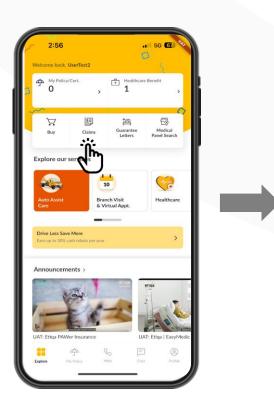
1. Click **Healthcare icon** to view your Healthcare Benefits

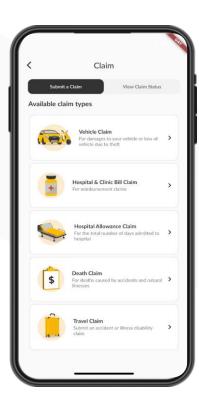
The app will display a list of features available for you. In your Healthcare Dashboard, you have access to the following services, with more to be added for your convenience:

- √ View Annual Limit & Balance Limit
- ✓ Room Entitlement for covered members (including dependents, if applicable)
- ✓ Request Outpatient Guarantee Letter (GL)
- ✓ View real-time status of your Inpatient & Outpatient Guarantee Letter (GL)
- ✓ Find the nearest Panel Providers
- ✓ Request for Long Term Medication delivery to your doorstep through BIG Pharmacy
- Access e-Consultation with a GP Doctor via DoctorOnCall



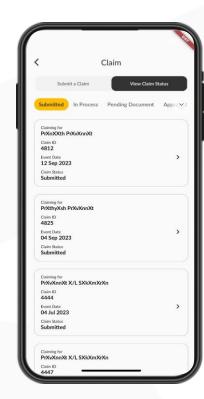
(4) Managing Claims





Members must submit the following documents via eTiQa+ within 30 days of the discharge date:

- a) Completed Medical Claim Form
- b) Original Bill(s) (including a detailed breakdown of medications if the bill exceeds RM 500)
- c) Original Receipt(s) Indicate"Submitted to Etiqa" in blue pen
- d) Statement of the Medical Examiner (Medical Report) (For Inpatient cases)
- e) All relevant Investigation Report(s) (e.g., lab report, X-ray, MRI) if applicable
- f) Copy of NRIC

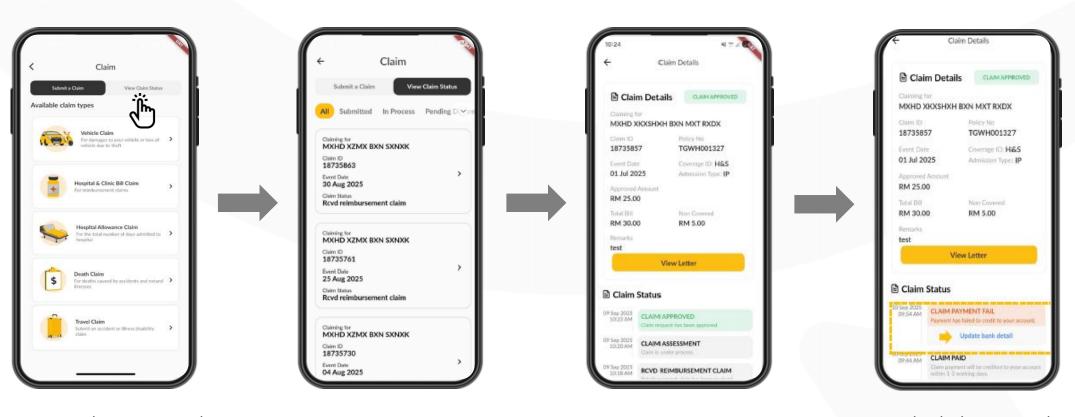


 Click the Claims icon to begin managing your claims. To submit a claim, choose Submit a Claim and select Hospital & Clinic Bill Claim.

To view your claim status, select View Claim Status.

(5) How to enquire Claim Failed Payment (IBG)



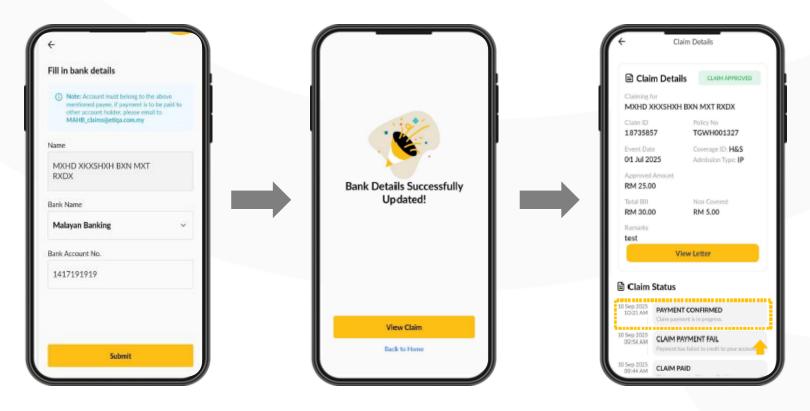


To view your claim status, select **View Claim Status**.

You may check claim status here

5) How to enquire Claim Failed Payment (IBG) - (continued)





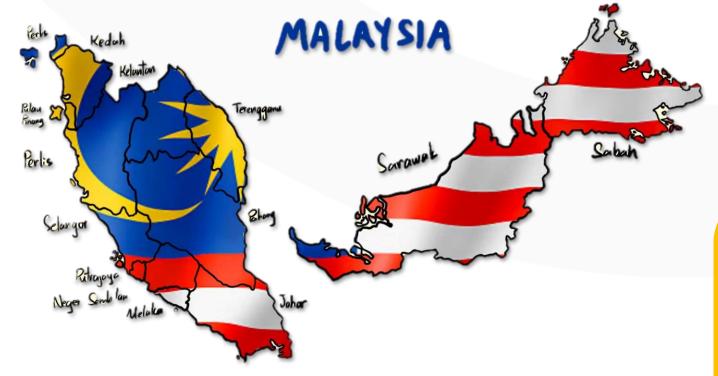
Notes:

- 1. The Etiqa+ app allows replacement payments to be made to a payee whose name belongs to the claimant if the first claim fails.
- 2. If the requested payee name does not belong to or is not registered under the principal's name (student), please indicate this in the remarks section and email Etiqa with a valid reason for the request (Formal Letter).

CASHLESS COVERAGE

PANEL HOSPITAL & CLINIC





You may refer to **Etiqa+ App** for the nearest Panel Hospitals and Clinics

Notes: Treatment or hospitalization at the following hospitals are **not claimable** under your Group Hospital and Surgical plan:

8 Non-Panel Hospitals as below:

- Prince Court Medical Centre Sdn Bhd
- KPJ Kajang Specialist Hospital
- KPJ Ampang Puteri Specialist Hospital
- Pantai Hospital Penang
- KPJ Damansara Specialist Hospital
- Gleneagles Kuala Lumpur
- KPJ Penang Specialist Hospital
- Gleneagles Medical Centre, Penang

Customer Journey | Outpatient Coverage at Panel GP Clinic











Walk-in to Panel Clinic

Member Verification

- Present your NRIC/Passport and inform
- Refer to the list of panel clinics in the eTiQa+ mobile app to locate your nearest Panel Clinic.

Walk-in to Etiqa Panel Clinics.

the clinic that it is covered by Etiga.

IMPORTANT NOTES:

- ✓ NRIC/Passport Verification is MANDATORY. Member to pay and claim if unable to produce NRIC/Passport.
- ✓ Non-Panel GP Clinic Visit only payable for Emergency Cases only.

Registration

- Clinic will register the patient based on the information provided.
- Clinic will verify the membership status on Etiqa's Portal.

Treatment

- Clinic will confirm the member's status is active and the balance is sufficient.
- Doctor will proceed with treatment if both conditions are met.

IMPORTANT NOTES:

- ✓ If the condition cannot be treated by the GP doctor, upon the Doctor's discretion a referral letter is to be given to seek specialist treatment.
- ✓ Coverage for specialist treatment is subject to the eligible coverage of the member.

Customer Journey | Admission Guarantee Letter (IGL) at Panel Hospitals











Admission Required?

Refer to the list of panel hospitals in the eTiQa+ mobile app to locate your nearest Panel Hospital.

Member Verification

- Present NRIC/Passport and inform the hospital that you are covered by Etiga.
- Sign the Guarantee Letter (GL) request form.
- Pay the admission deposit, if required by the hospital.

Registration

- Once the doctor completes the GL request form, the hospital will process the Admission Guarantee Letter (IGL) request.
- The hospital will then upload the request to Etiqa Healthcare (EHC) via Etiqa's Provider Portal.

Treatment

Hospital will proceed with treatment upon GL issuance.

IMPORTANT NOTES:

- ✓ If the case is not coverable, a Decline Guarantee Letter will be issued. Member to pay and file the claim for reimbursement consideration.
- ✓ Hospital will be able to track GL status and download GL from the Provider Portal.
- ✓ If the patient wish to be admitted prior to the GL issuance, hospital may collect an admission deposit.

IMPORTANT NOTES:

- ✓ EHC will check validity of the policy/ certificate, medical condition and policy/ certificate terms and conditions.
- ✓ EHC to issue the admission GL (IGL), if case is coverable within 30 minutes upon receiving complete documents.

Customer Journey | Discharge Guarantee Letter (GL) at Panel Hospitals











1

Final GL Issuance

 Once the final bill, investigation reports, and final diagnosis completed by the treating doctor are ready, the hospital will process the Final Guarantee Letter (FGL) request.

Final GL Request

The hospital will then upload the request to Etiqa Healthcare (EHC) via Etiqa's Provider Portal..

IMPORTANT NOTES

✓ Upon confirmation for discharge by the treating doctor, it takes around 2-4 hours for the hospital to prepare the FGL.

- Upon receiving the FGL request and complete documents, EHC will review the final bill and issue the Final Guarantee Letter (FGL) within 45 minutes.
- The FGL will indicate the covered and non-covered amounts, indicating what the member needs to pay, if any.
- The hospital can track the GL status and download the FGL from the Provider Portal.

Non-Covered

The hospital will deduct any non-covered amounts from the admission deposit or collect the total non-covered from the member.

Discharge

The member can collect their take home medications and is read for discharge.

IMPORTANT NOTES:

✓ The FGL will cover 31 days follow up for treatment of the same ailment, with the same doctor at the same hospital.

GUARANTEE LETTER (GL) FOR GOVERNMENT HOSPITAL



- 1. Any admission at a government hospital may proceed on a pay-and-claim basis.
- 2. Alternatively, a **Letter of Undertaking (LOU)** from the University is **required** for treatment at a government hospital, confirming acceptance of the full bill immaterial of limits and entitlement, in order for us to issue a Guarantee Letter (GL).
- 3. The issuance of the GL is subject to receiving a formal Letter of Undertaking (LOU) from the University.
- 4. Supporting documents required:
 - i. A copy of Student ID.
 - ii. LOU on official letterhead with authorized signature.
 - iii. Other information required in the LOU:
 - Student Full Name
 - Passport Number
 - Hospital Name
 - Diagnosis
 - Expected admission date

Notes:

The Guarantee Letter (GL) will be issued upon verification and acceptance of the LOU.

Etiqa Healthcare 24 Hours Call Center



FREQUENTLY ASKED QUESTIONS (FAQs)



Q: Do I need to install the Etiqa+ app?

A: Yes, the app allows you to easily access your policy details, submit claims and find panel hospitals or clinics.

Q: Am I covered for outpatient treatment at the hospital?

A: No, coverage at the hospital is limited to inpatient admission only, subject to the policy's terms and conditions. Outpatient treatments are not covered (eg, Medication, X-Ray and etc), except for Emergency Accidental Outpatient Treatment and Emergency Outpatient Sickness Treatment between 10:00 pm and 8:00 am only.

Q: What happens if I go to a clinic that is not in the panel?

A: If you visit a non-panel clinic, you will need to pay the full medical bill upfront and submit a reimbursement claim for **emergency cases only.** Reimbursement will be subject to your policy terms and conditions.

Q: What happens if I have fully utilized the annual limit for both Inpatient and Outpatient coverage?

A: Once your annual limit is fully utilized, any further medical expenses will not be covered and must be paid out-of-pocket. Your coverage and full limits will reset when your policy is renewed next year.

Q: Can I be admitted to the government hospital?

A: Yes, admission to a government hospital is allowed either on a pay-and-claim basis or by requesting the university to provide a Letter of Undertaking (LOU) to obtain a Guarantee Letter (GL). For pay-and-claim cases, reimbursement will be subject to your policy terms and limits. Please note that any expenses exceeding your coverage may not be reimbursed by Etiqa.

Q: Is the hospital deposit the same as the deductible?

A: No. A hospital deposit is an upfront payment requested by the hospital before admission, while a deductible is the fixed amount you must pay under your insurance policy before benefits apply.

Q: Do I need to pay a deductible of RM300 for hospitalization admission per disability and RM50 for each clinic visit?

A: Yes. You are required to pay RM300 for each hospitalization admission per disability and RM50 for every clinic visit.



Thank you