



GETB X EMGS

**Great Eastern Takaful Berhad (GETB)
International Student Medical Takaful
Via
Education Malaysia Global Services (EMGS)**



**Mencapai
Kejayaan**

Group Hospitalisation & Surgical Benefits

Item	Covered Benefits	Amount (RM)		
		Basic Plan	Regular Plan	Premium Plan
1	Hospital Room and Board (R&B) (Limit per day, subject to a maximum of 120 days per certificate year for Items (1) and (2) in aggregate)	200	250	300
2	Intensive Care Unit (ICU) (Limit per day, subject to a maximum of 20 days per certificate year for Items (1) and (2) in aggregate)	350	350	350
3	Hospital Supplies and Services	As charged, subject to Overall Limit per Disability		
4	Surgical Fees			
5	Operating Theatre			
6	Anaesthetist Fees			
7	In Hospital Physician Visit (Maximum 2 visits per day up to 120 days)			
8	Pre-Hospitalisation Specialist Consultation (Within 60 days before Hospitalisation)			
9	Pre-Hospitalisation Diagnostic Tests (Within 60 days before Hospitalisation)			
10	Post-Hospitalisation Treatment (Within 60 days after hospital discharge)	250		
11	Ambulance Fees (Maximum per Any One Disability)			
Overall Limit per Disability (for items 1 to 12, 14 to 15, 18 to 21)		20,000	30,000	50,000

Group Hospitalisation & Surgical Benefits

Item	Covered Benefits	Amount (RM)		
		Basic Plan	Regular Plan	Premium Plan
12	Day Surgery	As charged, subject to Overall Limit per Disability		
13	Malaysian Tax			
14	Daily-Cash Allowance at Malaysian Government Hospital (Maximum 120 days in a certificate year)	100		
15	Second Surgical Opinion	As charged, subject to Overall Limit per Disability		
16	Outpatient Cancer Treatment (Maximum per Certificate Year)	10,000	15,000	25,000
17	Outpatient Kidney Dialysis Treatment (Maximum per Certificate Year)	10,000	15,000	25,000
18	Emergency Accidental Outpatient Treatment (Maximum 14 days from the date of accident) (Maximum per Any One Disability)	3,000		
19	Accidental Dental Treatment (Maximum 14 days from the date of accident) (Maximum per Any One Disability)	500		
20	Emergency Sickness Outpatient Treatment (10p.m to 8a.m) (Maximum per Any One Disability)	100		
21	Medical Report Reimbursement (per report) (Maximum per Any One Disability)	100		
Overall Limit per Disability (for items 1 to 12, 14 to 15, 18 to 21)		20,000	30,000	50,000

Group Outpatient Clinical Benefits

Item	Covered Benefits–Outpatient General Practitioner (GP) Care	Amount (RM)		
		Basic Plan	Regular Plan	Premium Plan
1	Routine Consultation	As charged, subject to Overall Annual GP Limit • <i>Cashless at selected Panel GP Clinic</i> • <i>Reimbursement basis at non-panel GP Clinic.</i>		
2	Medication			
3	Injection			
4	Diagnostic Lab/ X-Ray Procedure			
5	Outpatient Surgical Procedures			
6	Deductible per GP visit	25		
Overall Annual GP Limit (per Person Covered)		500	750	1,250

Extended Benefits

Item	Covered Benefits	Basic Plan	Regular Plan	Premium Plan
1	Death, or Total Permanent Disability (TPD)	RM 20,000	RM 20,000	RM 20,000
2	Terminal Illness (accelerate benefit in item 1)	RM 10,000	RM 10,000	RM 10,000
3	Compassionate Benefit	RM 2,000	RM 2,000	RM 2,000
4	Repatriation allowance	RM 5,000	RM 5,000	RM 5,000
5	Accidental Death, or TPD	RM 20,000	RM 30,000	RM 50,000
6	Partial and Permanent Disability	RM 20,000	RM 20,000	RM 20,000

Annual Contribution

Attained Age Next Birthday (ANB)	Contribution Amount (RM) (Per Member Per Annum)		
	Basic Plan	Regular Plan	Premium Plan
16 - 70	RM 475	RM 574	RM 672

Exclusions

Group Hospitalisation & Surgical Benefits

- Pre-existing illness;
- Any medical or physical conditions arising within the Waiting Period;
- Specified illnesses occurring within the first 120 days from the Effective Date;
- Plastic/cosmetic surgery, circumcision, eye examination, glasses, lens (except monofocal intraocular lenses in cataract surgery) and refraction or surgical correction of near sightedness and far sightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof;
- Dental conditions including dental treatment or oral surgery, except as necessitated by Injury to sound natural teeth occurring in any Certificate Year and performed by Dentist. In addition, expenses arising from placement of denture and prosthetic services such as bridges, implants and crowns or their replacement will not be payable;
- Private nursing, rest cures or sanatoria care, illegal drugs, intoxication (including but not limited to alcohol and drugs), sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV (Human Immunodeficiency Virus) related diseases, and any communicable diseases required quarantine by law;
- Any treatment or surgical operation for Congenital Conditions or deformities including hereditary conditions;

Exclusions

Group Hospitalisation & Surgical Benefits (Cont'd)

- Pregnancy and its complication, child birth (including surgical delivery and any surgical or non surgical procedure of 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 sterilization. However, this exclusion does not apply to any miscarriage of below 28 weeks due to accidental causes under this Certificate but it is subject to its limitations for such coverage. However, if a Covered Member has Maternity Benefit coverage, it shall be subject to its respective benefit limitations;
- 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;
- Treatment for injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind-altering substance, or suicide, attempted suicide or intentionally 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;

Exclusions

Group Hospitalisation & Surgical Benefits (Cont'd)

- Ionizing radiation or contamination by radio activity 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 Person Covered and cost of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications;
- Investigations and treatment of sleep and snoring disorders, hyperhidrosis treatment, hormone replacement therapy, and alternative therapy such as treatment, medical service or supplies, including but not limited to chiro practice services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage, hyperbaric oxygen therapy or aromatherapy or other alternative treatment;
- Care or treatment for which payment is not required or to the extent which is payable by any other Takaful Operator / family takaful or indemnity covering the Person Covered and disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contractor 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, broad band services, electricity bills for handphone charging, radios or similar facilities, admission kit/pack and other ineligible non-medical items;

Exclusions

Group Hospitalisation & Surgical Benefits (Cont'd)

- Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports or activities that involve speed, height, high level of physical exertion, highly specialized gear or spectacular stunts such as but not limited to parachuting, sky-diving, scuba-diving, bungee jumping, water skiing, under water activities requiring breathing apparatus, winter sports, Professional Sports and illegal activities. For the avoidance of doubt, “Professional Sports” means engaging in any physical activity in a professional capacity or where the Person Covered would or could earn income or remuneration from engaging in such activity;
- Engaging in aerial flights other than as a crew member or as a fare-paying passenger of an International Airline operating on a regular scheduled route;
- Expenses incurred for sex change;
- Any Outpatient treatment not related to Inpatient treatment, except as provided under this plan;
- Charges which are not Reasonable and Customary Charges, or any surgery or treatment which is not Medically Necessary, or charges in excess of Reasonable and Customary Charges, or charges which are incurred for Hospitalisation, pre-hospitalisation and/or post-hospitalisation after the end of Period of Coverage;
- Any medical treatment outside Malaysia, if you reside or travel outside Malaysia for more than 90 consecutive days.

Exclusions

Group Outpatient Clinical Benefits

- Physical examination, health check-ups or tests, unless the same is recommended by the Physician in connection with the treatment or diagnosis of a covered disability.
- Cosmetic treatment/surgery or its complications (inclusive of double eyelids, acne, etc) except as necessitated by Injury.
- Contraceptive medication and device, sterilization procedure, treatment for complication, reversal of such procedure and the work up or treatment of sexual dysfunction or infertility.
- Usage of any preventive vaccination.
- Usage of any vitamin, food supplement, herbal cure and anti obesity/weight reducing agents including any of the other counter medication.
- Services or products in non-medically nature as provided by Hospital that are included but not limited to soap, shampoo, vitamin creams, vitamin ointment, television, telephone, fax, radio or similar facilities.
- Medical care or treatment which is of an experimental or investigative nature and not according to accepted professional standards or medical care or treatment which is not Medically Necessary.
- Private nursing care engaged by the Covered Member or services for rest cure provided by rest/nursing home for purely recuperative purposes and house calls by doctors for any reason.

Exclusions

Group Outpatient Clinical Benefits (Con't)

- Out-patient kidney dialysis, rehabilitation therapy, chemotherapy, radiation therapy, physical therapy or physiotherapy. Any alternative therapy which include but are not limited to acupuncture, chiropractic, osteopathy and reflexology.
- Any blood and topical allergy test.
- Any dental or its related treatment or surgery.

Extended Benefits

- Death during the first certificate year as a result of suicide, while sane or insane.
- TPD resulting from self-inflicted injuries, while sane or insane.
- Terminal Illness resulted directly or indirectly by self inflicted injuries (except in an attempt to save human life), while sane or insane.

Important Notes

- I. Any medical costs exceeding the benefit limit provided by EMGS will be borne by the student/member.
- II. For scheduled appointments, kindly arrange for Guarantee Letter 1 or 2 days in advance by emailing referral letter to callcenter@micaresvc.com
- III. Claims must be submitted to GETB's within 30 days from the date of consultation or service. Please refer to the GETB's Procedures.
- IV. New and Existing members are waived from the following conditions:-

Waiting Period

Not applicable for claim arising from accidental injury
30 days for illnesses

Specified Illness – 120 days

- Hypertension, diabetes mellitus or cardiovascular disease;
- All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system;
- All ear, nose (including sinuses) or throat conditions, excluding flu and sore-throat;
- Hernias, haemorrhoids, fistulae, hydrocele, varicocele;
- Disease of the reproduction system including endometriosis;
- Vertebro-spinal disorders (including disc) and knee conditions.

Pre-Existing Illness – 12 months

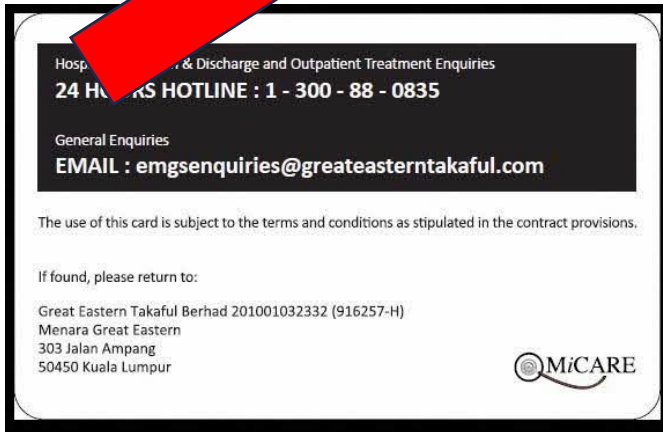
Healthcare Card



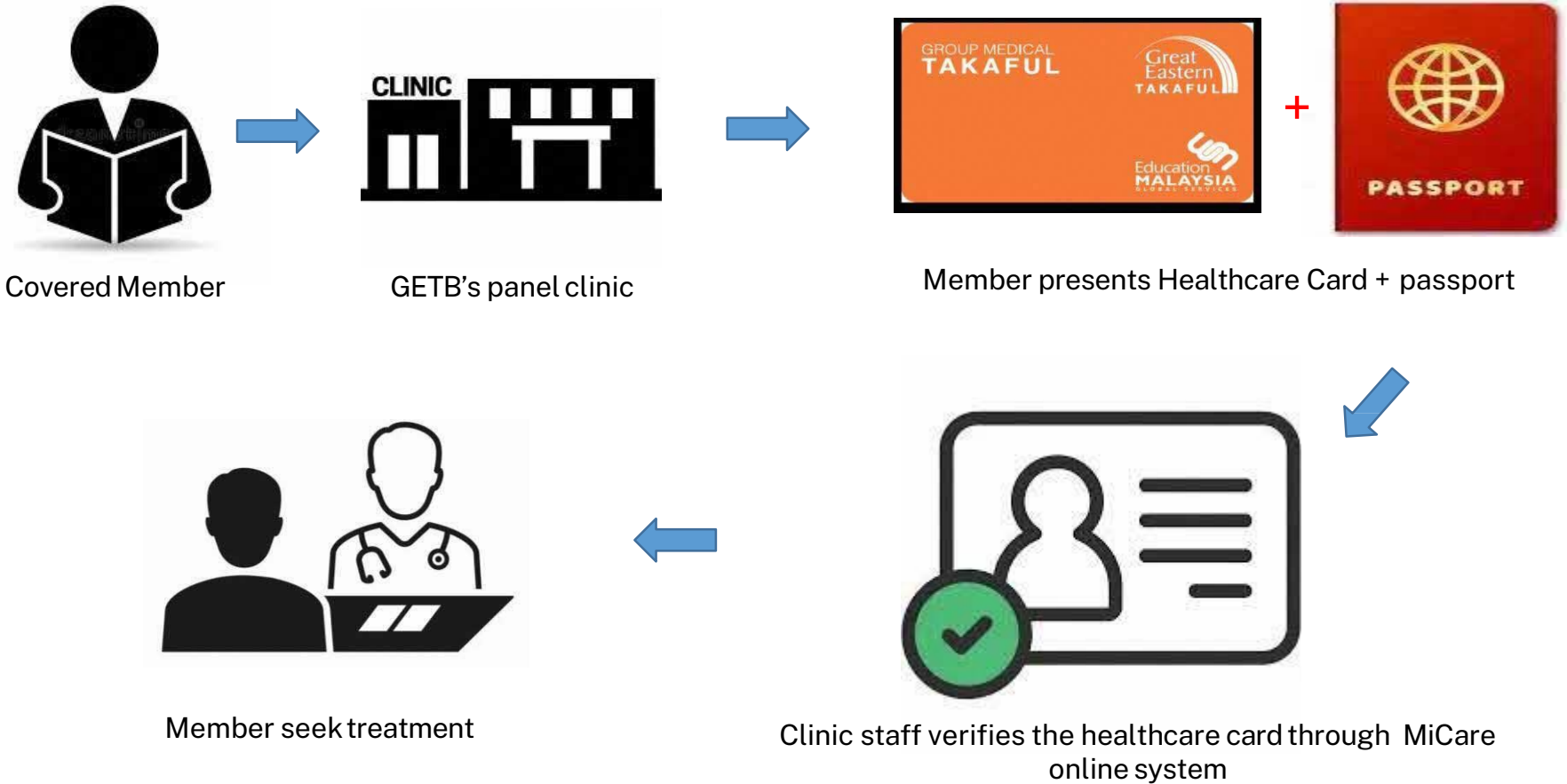
SAMPLE

It is compulsory to use this Healthcare Card when seeking treatment at any Panel GP Clinic

Please inform EMGS immediately if you lose your Healthcare Card



Visiting Panel GP Clinic



You can only visit a non panel clinic in an Emergency or there are no Panel GP Clinics within a 5km radius of your location. Log on to EMGS website for the Directory of Panel GP Clinics

Enquiries



Medical Benefits & Coverage

24 - Hour Hotline No.
1-800-88-0835

Issuance of Guarantee Letter (GL) MiCare

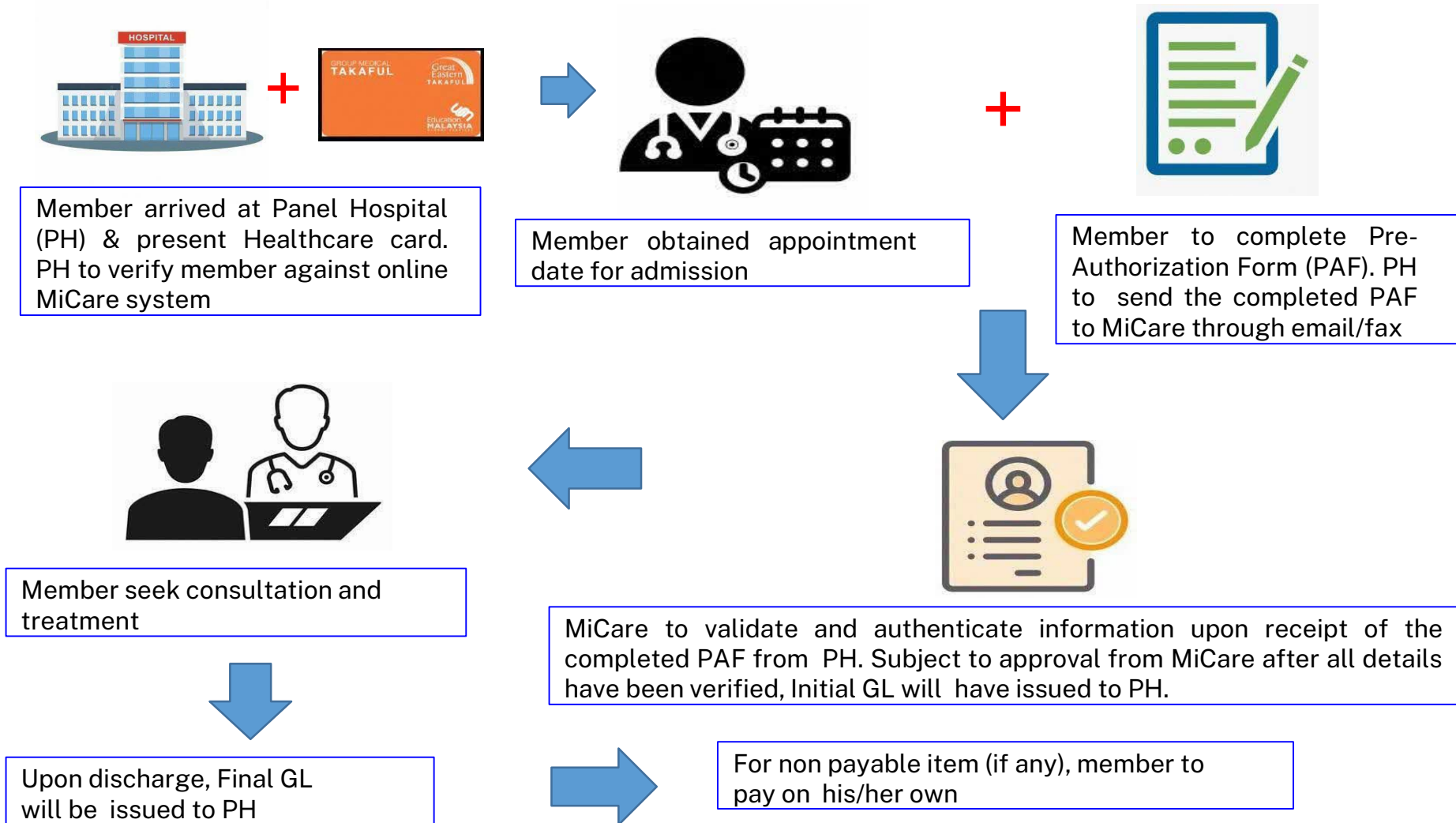
24 - Hour Hotline No.
1-800-88-0835



Email Address

emgsenquiries@greateastertakaful.com

Process Flow for Issuance of Guarantee Letter (GL)



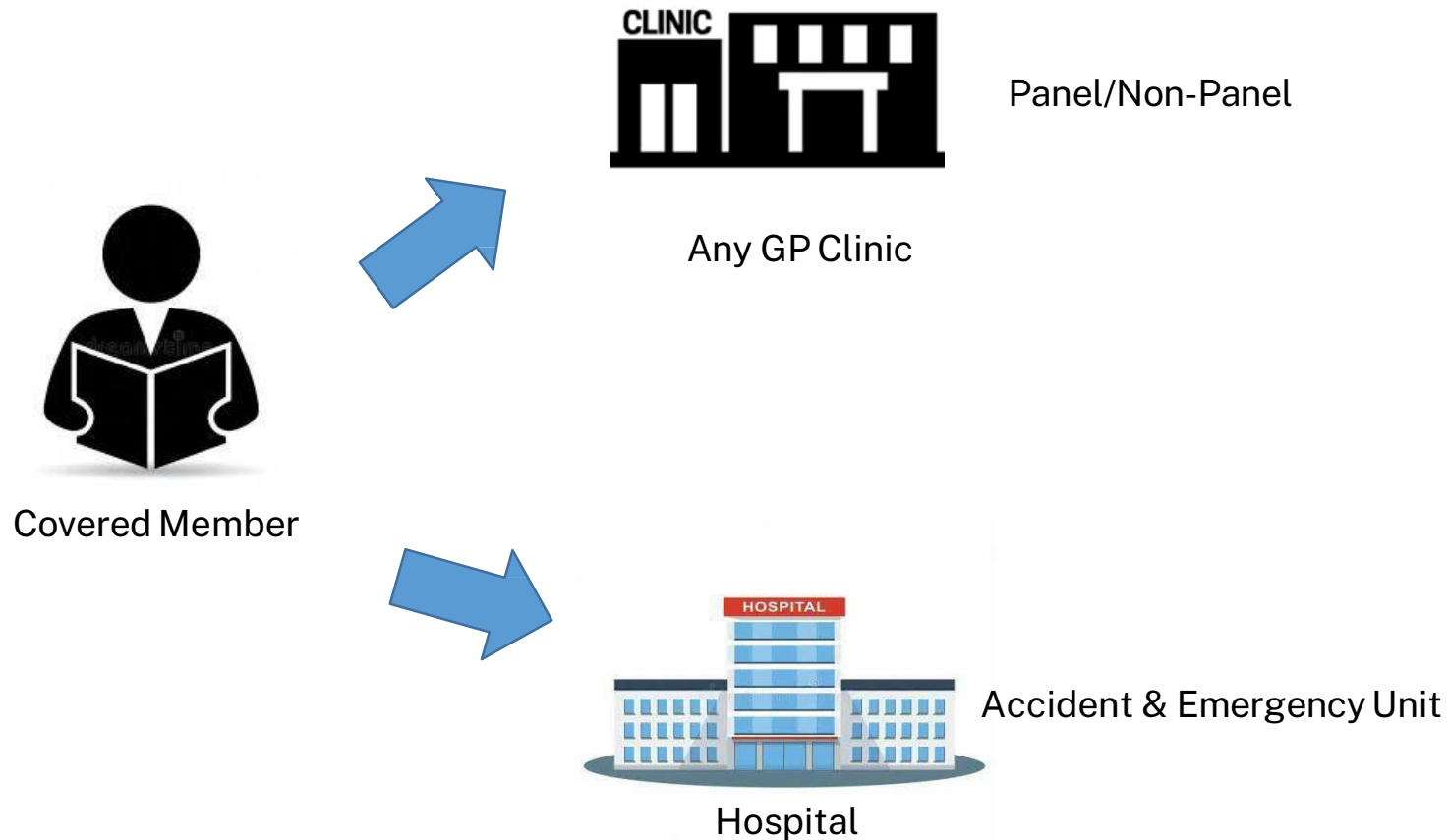
Excluded Hospital / Medical Centers and Alternative

STATE	RESTRICTED PROVIDER NETWORK	ALTERNATIVE	Expected radius kilometers from the Non-PHN	
KUALA LUMPUR	GLENEAGLES KUALA LUMPUR	PANTAI HOSPITAL AMPANG	5.4	
	HOSPITAL PUSRAWI	SENTOSA MEDICAL CENTRE	2.8	
	KPJ AMPANG PUTERI SPECIALIST HOSPITAL	PANTAI HOSPITAL AMPANG	4.9	
	PANTAI HOSPITAL CHERAS	HOSPITAL UNIVERSITI KEBANGSAAN MALAYSIA	3.6	
	PANTAI HOSPITAL KUALA LUMPUR	ASSUNTA HOSPITAL	5	
	PRINCE COURT MEDICAL CENTRE		AL-ISLAM SPECIALIST HOSPITAL	3.8
			TUNG SHIN HOSPITAL	4
			SENTOSA MEDICAL CENTRE	5.1
			DAMAI SERVICE HOSPITAL(HQ)	5.2
	KPJ TAWAKKAL SPECIALIST HOSPITAL	AL-ISLAM SPECIALIST HOSPITAL	3.9	
SUNWAY MEDICAL CENTRE		KPMC PUCHONG SDN BHD	7.1	
		COLUMBIA ASIA MEDICAL CENTRE PUCHONG	7.2	
SELANGOR	AVISIENA MEDICAL CENTRE (FORMELY DEMC SPECIALIST HOSPITAL)	SHAH ALAM SPECIALIST HOSPITAL	4.9	
		COLUMBIA ASIA MEDICAL CENTRE BUKIT RIMAU	12.4	
	COLUMBIA ASIA HOSPITAL PETALING JAYA	ASSUNTA HOSPITAL	4.5	
		KELANA JAYA MEDICAL CENTRE	6.3	
	KPJ DAMANSARA	KELANA JAYA MEDICAL CENTRE	7.7	
		ASSUNTA HOSPITAL	4.5	
	KPJ KAJANG SPECIALIST HOSPITAL	KAJANG MEDICAL CENTRE	0.5	
	PANTAI HOSPITAL KLANG	SRI KOTA SPECIALIST MEDICAL CENTRE	3.4	
	SUBANG JAYA MEDICAL CENTRE SDN BHD	KPMC PUCHONG SDN BHD	9.9	
		COLUMBIA ASIA MEDICAL CENTRE PUCHONG	10	
THOMSON HOSPITAL KOTA DAMANSARA (FORMERLY TROPICANA MEDICAL CENTRE)	KELANA JAYA MEDICAL CENTRE	7.2		
	ASSUNTA HOSPITAL	18.9		
N.SEMBILAN	KPJ SEREMBAN SPECIALIST HOSPITAL	COLUMBIA ASIA HOSPITAL SEREMBAN	2.1	
PENANG	GLENEAGLES PENANG	PENANG ADVENTIST HOSPITAL	3.2	
		HOSPITAL LAM WAH EE	7	
	PANTAI MUTIARA	HOSPITAL LAM WAH EE	10	
	KPJ PENANG	BAGAN SPECIALIST CENTRE	9.5	
JOHOR	GLENEAGLES MEDINI HOSPITAL	COLUMBIA ASIA HOSPITAL NUSAJAYA	9.6	
		PUTERI SPECIALIST HOSPITAL (JOHOR) SDN BHD	17.3	
	KPJ JOHOR SPECIALIST HOSPITAL	PUTERI SPECIALIST HOSPITAL (JOHOR) SDN BHD	4.5	
		COLUMBIA ASIA HOSPITAL NUSAJAYA	16.3	

- Covered members are not allowed to visit or seek treatment at hospitals listed under column “Restricted Provider Network” in the table.
- Alternative Hospitals are given in the table.

Please refer to EMGS website for full list of Panel Hospitals

What to do during Emergency?



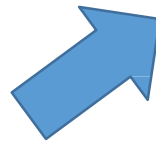
What constitute an Emergency?

Emergency is an illness or injury that is life or limb threatening which need immediate medical attention.

Seeking treatment when Travelling

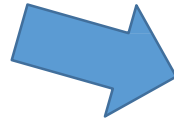


Covered Member



GETB's Panel GP Clinic

You can get the information on clinic locations from the GP Panel Listing on the EMGS website prior to your travel

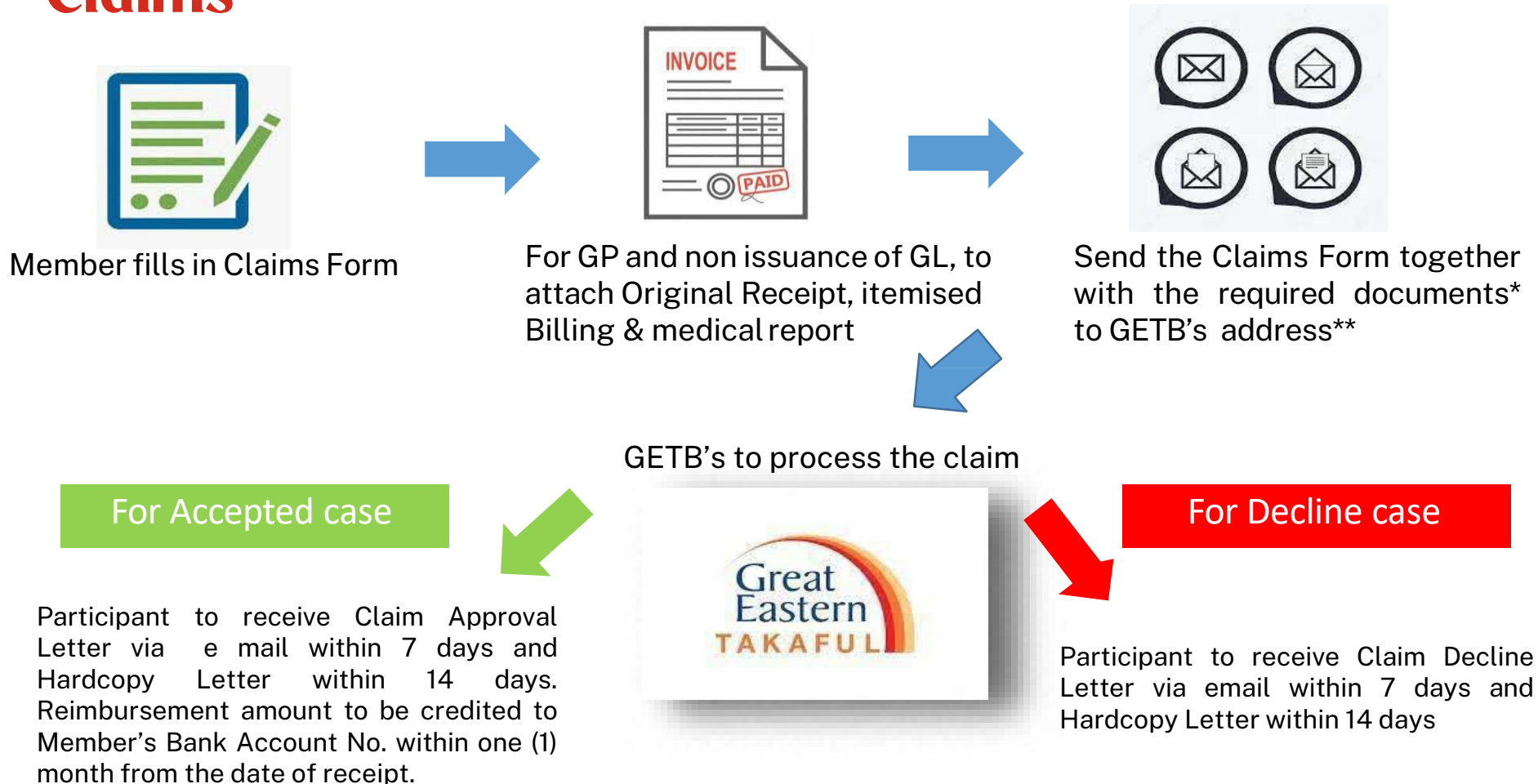


Hospital

Call our 24-Hour Hotline No. (1800-88-0835) for assistance

Please note that treatment outside Malaysia is NOT COVERED under this EMGS benefits

Process Flow for Reimbursement for Non-Panel GP Clinic Claims or Non-Issuance of GL for Inpatient Claims



Types of Claim

Reimbursable Claims	Non-Reimbursable Claims
<ul style="list-style-type: none">✓ Emergency Outpatient Treatment at Hospital Accident & Emergency Unit	<ul style="list-style-type: none">✓ Non Covered or excluded services, treatments and medication
<ul style="list-style-type: none">✓ Outpatient Government Hospital treatment	<ul style="list-style-type: none">✓ Claim from non-Panel GP Clinics
<ul style="list-style-type: none">✓ No Panel GP Clinics within 5 km of your location	<ul style="list-style-type: none">✓ Panel Claims without Healthcare Card
<ul style="list-style-type: none">✓ Panel GP Clinic closed	<ul style="list-style-type: none">✓ Treatment done outside of Malaysia
<ul style="list-style-type: none">✓ Waiting for new Member ID Card / Loss of Member ID Card	<ul style="list-style-type: none">✓ Specialist claims without referral letter from panel clinic
<ul style="list-style-type: none">✓ Non Panel emergency claim	

Contact List

Matters	Contact	Email	Note
Guarantee Letter / Hospital Admission	MICARE 24/7 contact center: 1-800-88-0835	callcenter@micaressvc.com	Please state the following in your email: <ul style="list-style-type: none"> • Full Name • Application No. • Referral letter For Emergency: Please state EMGS card and Passport No.
Reimbursable Claim	Great Eastern Takaful Berhad	emgsenquiries@greateastertakaful.com	Please state the following in your email: <ul style="list-style-type: none"> • Full Name • Membership No. • Claim No. • Visit Date • Claim Amount
Healthcare Card Replacement	Education Malaysia Global Services: T: +603 2782 5888 F: +603 2711 8533	enquiry@emgs.com.my	Please state the following in your email : <ul style="list-style-type: none"> • Full Name • Application No. • Passport No.

THANK YOU