



**AXA,
a global
insurer**



**OVERVIEW OF MEDICAL
INSURANCE FOR
INTERNATIONAL STUDENTS**



1 Your Insurance Provider



Your Insurance Provider



- Joint venture between AXA Group and Affin Holdings Berhad, one of the leaders in Malaysia's financial services industry.

- Third Party Administrator (TPA)
- Management of Panel GP clinics nationwide
- Management of Panel Hospital nationwide
- 24/7 Issuance of Guarantee Letter for Hospital
- Managing members medical claims reimbursement
- Issuance Members card



2

Benefits
Coverage

Plan 550

NO.	SCHEDULE OF BENEFITS	RM
1	Room & Board (Daily max up to 120 days)	200
2	Intensive Care Unit (Daily max up to 30 day)	200
3	Hospital Miscellaneous Services	Full Reimbursement subject to Maximum Limit Per Disability provided the charges are within the recommendation of the MMA Guidelines and Reasonable and Customary Charges
4	Surgeon Fee	
5	Anaesthetist Fee	
6	Operating Theatre Charges	
7	Daily In-Hospital Physician's Visit (Max. 120 days)	
8	Pre-Hospital Diagnostic Tests (within 31 days before hospital confinement)	
9	Pre-Hospitalisation Specialist Consultation (within 31 days before hospital confinement)	
10	Post-Hospitalisation Treatment (within 31 days from hospital discharge)	
11	Emergency Accidental Outpatient Treatment (within 24 hours after accident & follow up up to 14 days)	
12	Accidental Dental Treatment (within 24 hours after the accident & follow-up up to 14 days)	
13	Daycare Procedure	
14	Ambulance Charges (by road)	

Plan 550

Schedule Of Benefits

NO.	SCHEDULE OF BENEFITS	RM
15	Government Service Tax	
16	Government Hospital Daily Cash Allowance (Max. 120 days)	60
17	Medical Report Fee Reimbursement	100
18	Reimbursement of Tuition Fees - max per semester	10,000
19	Compassionate Visitation Benefit	5,000
	MAXIMUM LIMIT PER DISABILITY (Item 1 – 17)	20,000
	DEDUCTIBLE AMOUNT PER CLAIM (Item 20)	50
20	Outpatient GP Treatment	Unlimited
21	Annual Outpatient Cancer Treatment	10,000
22	Annual Outpatient Kidney Dialysis Treatment	10,000
23	Emergency Medical Evacuation/Repatriation	100,000
24	Accidental Death & Disablement	20,000
25	Funeral Expenses	2,000
26	Daily Hospital Cash Allowance due to Motor Vehicle Accident (Max 20 days at RM50 per day)	up to RM 1,000
27	Snatch Theft	500
28	Alternative Medical Treatment/Sinseh (RM50 per visit, max 5 days)	up to RM 250

Premium per student / per year: RM 550

Daily Hospital Cash Allowance due to Motor Vehicle Accident – up to RM1,000

We will pay a maximum of RM50.00 per day for each complete 24 hours if an Insured Person is hospitalized as an in-patient for treatment or surgery due to motor vehicle Accident up to a maximum of 20 days for any one Period of Insurance.

Snatch Theft – RM 500

We will pay up to RM 500 for Loss or Damage to Personal Effects as a result of Snatch Theft, subject to a police report being lodged within 24 hours from occurrence, detailing the circumstances and list of items lost or damaged as the result of Snatch Theft. We will not pay for claims in respect of Loss or Damage not reported to the police within twenty four (24) hours.

Alternative Medical Treatment / Sinseh (Max 5 days at RM50 per visit) up to RM 250

We will pay the expenses for Alternative Medical Treatment incurred by an Insured Person as a result of an Accident, limited to RM50 per visit per day, to a maximum of 5 days ie up to RM250.00. Treatment must be on recommendation of a Doctor or Physician. The claim must be accompanied with an official payment receipt.

Reimbursement of Tuition Fees RM 10,000

In the event of prolonged disability, defined as a covered medical condition which renders the insured person being confined to the hospital continuously for a period of not less than 14 days and includes any post hospital convalescence immediately following the discharge from the hospital, which then actually prevents the insured person from attending to his academic session at his registered college and as a direct result of this non-attendance, and the insured person has to repeat his coursework in a new academic session, this benefit will reimburse the actual college tuition fees paid for the academic session which was missed.

Compassionate Visitation RM 5,000

Additional accommodation and travelling expenses for a parent or legal guardian located outside Malaysia required on medical advice from the treating physician to remain with the insured person if the insured person is hospitalised for more than five (5) consecutive days and the medical condition does not allow repatriation.

Emergency Medical Evacuation / Repatriation RM 100,000

- ❑ Emergency transportation to move an insured person who has a critical medical condition to the nearest hospital
- ❑ Reimbursement of the costs of repatriating the insured person or the mortal remains back to their home country in the event of the insured person having suffered a total and permanent disability or death caused by a covered illness or accident. Death shall be established by an official death certificate.

HOSPITALISATION / (IN PATIENT)

- ❑ Cashless facilities are available at panel hospitals whenever there is a need to be hospitalized.
- ❑ Take note that if it is only treatment with no hospitalization, pay first & claim later (treatment seek from Medical Officer (MO))

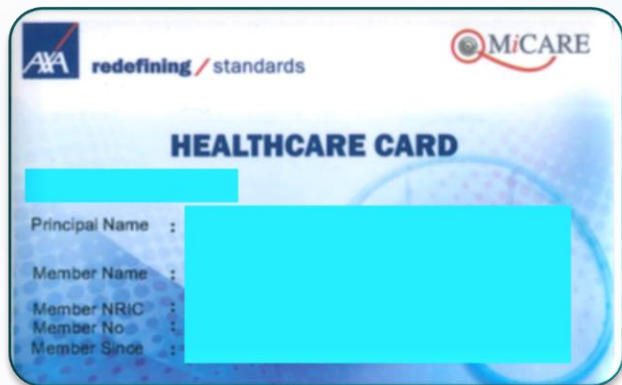
Note : Treatment charges at government hospitals will be on reimbursement basis (pay & file)



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Accessing
To Care

Membership Card



Front

24-HOUR HOTLINE : 1-300-88-9979
FAX : 03-7847 4304

- Please call the hotline for assistance before you go to the hospital.
- Preferably 4 days before admission to facilitate issuance of Guarantee Letter
- If found, please call the above hotline for assistance

Back

Admission to Panel Hospital



In an emergency, the hospital's emergency procedures takes over any other procedures. Patient **MUST BE** stabilized prior to any financial arrangements.



a) Non Elective / Non Pre-Planned:
Member to produce IC, Admission Letter & Medical Card to the admission counter

b) Elective / Pre-Planned:
Member to present the IC, Medical Card & Admission Letter to the admission counter.
(Please inform on the actual admission date, Hospital Name and request for Pre-Planned arrangement)

a) Hospital verifies card and name via our 24x7 call center / web-system

b) Hospital will assist to prepare relevant documents & medical reports



a) Member gets admitted into hospital

b) Member proceed to the admission counter and pre-approved GL is ready for member's admission



Hospital faxes relevant documents with Admission Request Form

a) Call Center validates & authenticate info, issues Guarantee Letter or Decline Letter **within 1 hour upon receipt of relevant documents**

b) Call Centre validates info, issues Pre-Approved GL or Decline Letter **within 1 hour upon receipt of relevant documents**. Member to contact Call Centre / Hospital on the status of Guarantee Letter.

Discharge from Panel Hospital



Patient ready to be discharged



Hospital prepares itemized bills and gathers all relevant reports



Hospital faxes itemized bills and all relevant reports



Our Call Center validates, audits & processes bills from hospital, issues Final Guarantee Letter within **1 hour upon receipt of full documents from hospital**



Hospital receives Final Guarantee



Patient pays for uncovered charges (if any)



Patient discharged



Approximately 2 - 4 hours



Visiting Outpatient Panel GP Clinic



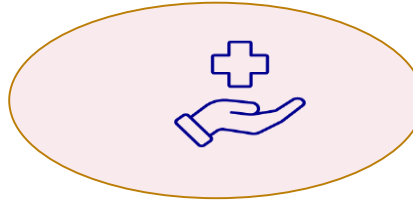
Patient arrives at clinic, present Medical Card & IC



Clinic nurse verifies name against on-line real time system



Patient signs Medical Record of Attendance



Patient enjoys **Cashless Visit** by collecting medication without payment.



Patient seeks consultation

Note:

- ✓ Patient is required to make payment when the claim has exceeded the entitlement (if any)

Ineligible Expenses

Examples of non-covered items:

- Diagnostics tests that are not related to the disability during the admission
- Extra food
- Admission kit / inpatient kit / discharge pack
- Flask, Toilet roll, Tissue paper
- Newspapers, rental of television, telephone charges, electricity and similar facilities
- *Personal Protective Equipment (PPE)



4 Reimbursement Claims

Claim Procedure

Reimbursement Basis

Situations whereby you have to pay the expenses first and file claim with us :

- Visit to Non-Panel Clinic
- Non-Panel visit to GP is allowable based on the following scenarios :
 - No panel GP clinics within 5km radius
 - GP Panel clinic closed
 - Member is outstation (i.e. leisure or work purpose)
 - While waiting for medical card to be issued (new joiner)
 - During Emergency (please find our definition of “emergency” term according to policy wording)
- Visit or Hospitalisation outside Malaysia (overseas)
- Emergency Accidental Outpatient Treatment
- Accidental Dental Treatment
- Pre & Post Hospitalisation
- Government Hospital

***Emergency - shall mean Treatment needed between the hours of 10 pm and 8 am or in the event whereby immediate medical attention is required within twelve (12) hours for Injury, Illness or symptoms which are sudden and severe failing which will be life-threatening (such as accident and heart attack), or lead to significant deterioration of health permanently.*

Claim Procedure Reimbursement Basis

Complete the Claim Form:

- page 1 by claimant
- page 2 by doctor.

(Claim forms can be obtained from
www.axa.com.my)

Payment will be ready within 14 working days via Bank Transfer upon submission of complete documentation.

Submit **ORIGINAL**:

- hospital bills, itemised bills
- receipts
- test reports

Submit claim **DOCUMENTS**:

- within 30 days of completion of the event

How to fill up the Claim Form

The insured to complete name, NRIC No, name of policyowner and details such as date of birth, sex and contact no.



redefining / standards

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☎ (603) 2170 8282

☎ (603) 2031 2500

✉ healthservices@axa.com.my

🌐 www.axa.com.my

Statement of Claim

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

We are committed to protect the personal data submitted by and collected from you. For further details, please refer to our "Data Privacy Notice" published in our website.

A. DETAILS OF INSURED

1. Company's Name (if applicable):

2. Name of Insured Person/Employee:

3. NRIC/Passport No.:

4. Contact No.:

5. Policy No.:

6. Email:

B. DETAILS OF CLAIMANT/PATIENT

1. Name of Claimant/Patient:

2. NRIC/Passport/Birth Cert. No.:

3. Contact No.:

4. Claimant is: ☐ Self ☐ Spouse ☐ Child

5. Marital status:

6. Occupation:

7. Employer and address:

How to fill up the Claim Form

If you had an accident, please complete Part C. ACCIDENT

Please state date, time, place and how the accident happened.

C. ACCIDENT (Please complete If applicable)			
1. Date: <input type="text" value="dd/mm/yy"/>	2. Time: <input type="text" value="am/pm"/>	3. Place:	4. At work: Yes <input type="checkbox"/> No <input type="checkbox"/>
5. State how it happened:			
6. Nature and extent of injury sustained:			

If you fell sick, please complete **Part D. SICKNESS**

Please state nature of your illness, date first began and date first treated by a doctor.

D. SICKNESS (Please complete If applicable)	
1. Nature of illness:	
2. Date symptoms first began: <input type="text" value="dd/mm/yy"/>	3. Date first treated: <input type="text" value="dd/mm/yy"/>
4. Has this condition been treated previously? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide doctor's name, contact number and address)	

How to fill up the Claim Form

- Mandatory column on **Part F (Insured's Bank Details & Part G. Authorization To Release Information)**
- If the patient/covered person is a child, the insured/policyholder should sign the statement of consent.

E. OTHER INFORMATION (Must be fully completed)	
1. Give details of other health/medical insurance cover (if any):	
2. Claim payment in favour of? (Please specify the name of Payee)	
<input type="checkbox"/> Policyholder/Employer	
<input type="checkbox"/> Insured Person/Employee/claimant	
F. INSURED'S BANK DETAILS	
Name (as per bank account): ★	NRIC/Passport/Birth Cert. No.: ★
Bank Account No.: ★	Email: ★
Name of Bank: ★	Bank SWIFT Code:
Bank Branch/Address:	
G. CLAIMANT'S DECLARATION/AUTHORISATION TO RELEASE INFORMATION	
<p>I confirm I am the patient, patient's parent or guardian (wherever applicable) and wish to claim and declare that all the particulars given above are to the best of my knowledge true and correct. I hereby authorise any physician, hospital, clinic, insurance company or any organisation, institutions or person to give full particulars about my/the patient's (wherever applicable) health policy details, whole medical history and billing information to AXA Affin General Insurance Berhad. I further consent to the disclosure of all such medical information & records by AXA Affin General Insurance Berhad to any insurers, re-insurers, solicitors, my employer, agents/brokers & other third parties in connection with my insurance claims. A duplicate of this authorisation shall be as effective and valid as the original.</p>	
Signature of Insured Person/Claimant: ★	Name: ★
Date: ★ mm/yy	
H. TO BE COMPLETED BY EMPLOYER (Please complete if applicable)	
Signature of Employer	Date
Company's Name and Stamp	

Claim Procedure

Reimbursement Basis

** The attending doctor to complete the medical report.

I. MEDICAL REPORT (To be completed by the patient's physician or surgeon)

Note for hospital - To expedite settlement of the Claim, please answer all questions herein and attach all of your bills and/or receipts covering all hospital charges incurred during the confinement.

1. Name of patient:		
2. NRIC/Passport/Birth Certificate No.:	3. Sex:	4. Age:
5. Name of hospital:		
6. Date and time of admission: dd/mm/yy am/pm	7. Date and time of discharge: dd/mm/yy am/pm	
8. Reason for admission/symptoms:		
9. Vital signs: Temperature: Pulse: TPR: BP		
10. Provisional diagnosis:	11. Date you were first consulted: dd/mm/yy	
12. Have you seen this patient before for other problems? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give date and type of problem)		
13. Was this patient referred to you? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide doctor's name and address or the referral letter)		
14. Has the patient ever had the same or similar condition or being informed of this condition before? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please state when)		
15. Name and address of doctors previously consulted by the patient for the condition:		
16. How long in your professional opinion has the condition existed? days months years		
17. Final diagnosis/ICD Coding:		
18. Cause and pathology (if applicable) for the above diagnosis:		
19. Type of investigation and result:		
20. Is this admission primarily for investigation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
21. Treatment required:		

Note: Medical Report is required for IP Benefits only

Claim Procedure

Reimbursement Basis

** The attending doctor to complete the medical report.

22. Please state type of procedure performed:		
Procedure type	Name of doctor	Reason for procedure done
(i)		
(ii)		
23. Other medical conditions or underlying disease present?		
Medical condition	Since (dd/mm/yy)	
(i)		
(ii)		
24. Insured's past medical history (if any):		
25. Was the condition related to:		
(a) Congenital/Hereditary	<input type="checkbox"/> Yes <input type="checkbox"/> No	(e) Pregnancy/Childbirth or Infertility <input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Anxiety/Mental disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	(f) Cosmetic/Plastic surgery <input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Self-inflicted/Drugs or Alcohol abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	(g) Routine health screening <input type="checkbox"/> Yes <input type="checkbox"/> No
(d) STD/AIDS/HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Can this sickness or injury be treated as an:		
(a) Outpatient basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) Day surgery basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(If no, please provide details)		
27. Was the patient pregnant at the time of the hospitalisation? (For female patient only) <input type="checkbox"/> Yes _____ months <input type="checkbox"/> No		
28. Any possibility of a relapse? <input type="checkbox"/> Yes <input type="checkbox"/> No		29. Is follow-up required? <input type="checkbox"/> Yes <input type="checkbox"/> No
30. If the hospitalisation was due to accident, please indicate:		
Date: dd/mm/yy		Time: _____ am/pm
Nature of accident:		Extent of injury:
31. Medication on discharge:		
I hereby certify that the answers above are full, complete and true.		
Date: dd/mm/yy		Signature, name and address of physician:



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Policy Exclusions

Policy Exclusions

- ✗ Cosmetic surgery or treatment
- ✗ Experimental procedures
- ✗ Substance abuse
- ✗ Private nursing care
- ✗ Sexual dysfunction or infertility
- ✗ Alternative therapies
- ✗ Routine physical examination
- ✗ Psychotic, mental or nervous disorders
- ✗ Pregnancy or Maternity related conditions
- ✗ Congenital or hereditary illnesses
- ✗ Refractive errors
- ✗ Vitamins, supplements, herbal cures anti-obesity agents
- ✗ Soaps, shampoos, vitamin creams
- ✗ External appliances eg. Wheelchair, Crutches, Nebulizer machine
- ✗ Preventive Vaccination
(Only mandatory child vaccination under Ministry of Health is covered)

Kindly note that the above list is not exhaustive.

Please refer to your policy for full listing of exclusions.



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Exclusion of Panel Hospitals

Exclusion of Panel Hospitals

The below listed panel hospital will be excluded:

Area KL/Selangor

- a. Hospital Gleneagles
- b. KPJ Ampang Puteri Specialist Hospital
- c. KPJ Damansara Specialist Hospital
- d. Tropicana Medical Centre
- e. KPJ Kajang Specialist Hospital
- f. Hospital Prince Court

Area: Penang

- g. Hospital Gleneagles
- h. Hospital Pantai Mutiara
- i. KPJ Penang Specialist Hospital

Panel Hospitals - Deposit

Some hospitals may require **Personal Deposits** (on top of treatment deposit granted by AXA) upon admission to pay excess or non-covered items under the policy. **This deposit is refundable upon discharge.**

This Deposit amount may vary, e.g. RM 300 / RM 500, depending on type of treatment.



Thank You