



ALLIANZ MEDICURE

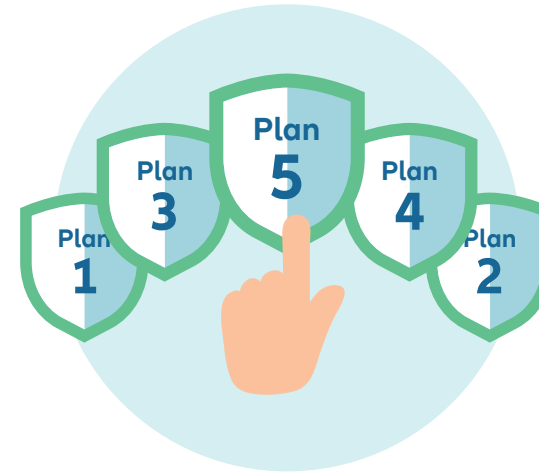
Customisable medical coverage that works for everyone

Allianz General Insurance Company (Malaysia) Berhad 200601015674 (735426-V)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

Be financially prepared for your medical needs

You always take care of yourself in the best way you can because you believe prevention is better than cure. But like so many things in life, illnesses are unpredictable.

Be prepared with **Allianz MediCure**, a plan designed to help you manage the financial burden that comes from unexpected medical costs, so that you can focus on getting the treatment you deserve with multiple plan options depending on your affordability. This plan also allows families or companies to buy as a group to enjoy a discount on Annual Premiums.



Variety of choices

Allianz MediCure offers you a **choice of five (5) attractive plans** designed to suit your budget and healthcare needs.



Hassle free admission at panel hospitals

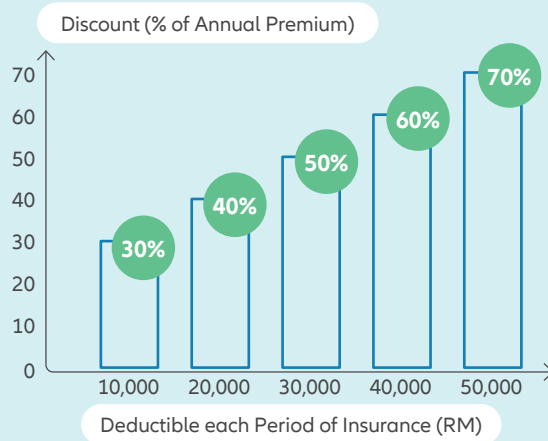
***Allianz medical card** guarantees hospital admission at panel hospitals. All hospital bills will be settled automatically upon discharge.

*Terms and conditions apply.

Savings on annual premium

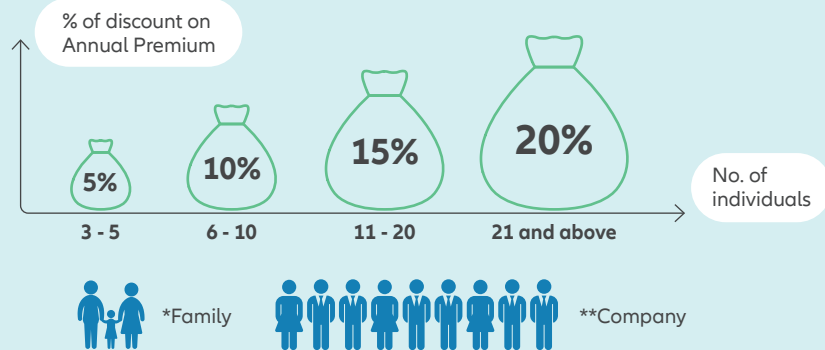
1. Deductible

Deductible is the upfront amount you pay before we pay your bills. Each individual can enjoy a Premium Discount based on the Deductible option selected. The higher the Deductible amount, the higher the savings!



2. Multiple Insured Persons

A *family or a **company can enjoy a discount on Annual Premium if the number of individuals insured under the Policy are three (3) and above.



* For a family, the coverage may be extended to include the Insured Person's spouse (who is below seventy (70) years old at the inception of the Policy) and unmarried children (aged over thirty (30) days to under eighteen (18) years old or under twenty-four (24) years old if the child is still a full-time student at a higher education institution).

** For a company, coverage will need a minimum of three (3) employees to be eligible for discount on Annual Premium.

Scenario

Mr. A, 35 years old, is a happy husband and father of a child.

He purchased **Allianz MediCure Plan 1** with an Overall Annual Limit of RM50,000 and opted for **Deductible Option 1** which entitles him to a **30% discount** on the Annual Premium.

One day, he fell ill and was admitted to hospital for 10 days.

He also bought Allianz MediCure for his wife and child. Therefore, he was entitled to an **additional 5% Discount on Annual Premium**, which made the overall savings even bigger.

His total medical bill was RM25,000. **He paid RM10,000 (the Deductible amount)** and the ***remaining medical bill of RM15,000 will be covered by the Policy.**

Cashless Plan

Mr. A opted for the cashless plan, Allianz MediCure will pay the hospital the *Eligible Expenses (if any) after deducting the Deductible from the medical bills incurred during the Period of Insurance.

OR

Non-cashless Plan

Mr. A opted for the non-cashless plan, he would have to pay the medical bills upon discharge and submit a claim to Allianz for *reimbursement of the medical bills.

*Terms and conditions apply.

Table of Benefits - Hospitalisation and Surgical Coverage

Benefits	(RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Overall Annual Limit	50,000	80,000	120,000	150,000	250,000
Hospitalisation and Surgical Benefits					
Room (daily maximum up to 120 days)	150	200	300	400	500
Intensive Care Unit (up to 120 days)	As Charged				
Surgical Fees					
Hospital Supplies and Services					
Anaesthetist Fees					
Operating Theatre					
In-Hospital Medical Practitioner Visit (up to 120 days and maximum 2 visits per day)					
Pre-Hospital Diagnostic Test (within 60 days prior to hospital admission)					
Pre-Hospital Specialist Consultation (within 60 days prior to hospital admission)					
Second Surgical Opinion (within 60 days from consultation with the first Specialist)					
Post Hospitalisation Treatment (valid within 60 days from the date of discharge from hospital)					
Daycare Procedure					
Ambulance Fee					
Medical Report Fee Reimbursement					
Home Nursing Care (up to)	500	1,000	2,000	3,000	4,000
Outpatient Treatment Benefits					
Emergency Accidental Outpatient Treatment (includes follow-up treatment up to 60 days from date of Accident)	As Charged				
Outpatient Cancer Treatment					
Outpatient Kidney Dialysis Treatment					
Miscellaneous Benefit (Not Subject to Deductible)					
Daily Cash Allowance at Government Hospital	120	150	180	200	250
Bereavement Benefit (Not Subject to Deductible)					
Compassionate Allowance (Accidental causes only)	2,000				

Optional - deductible plans and cashless facility

	(RM)				
	Option 1	Option 2	Option 3	Option 4	Option 5
*Deductible (each Period of Insurance)	10,000	20,000	30,000	40,000	50,000
Cashless Hospital Admission and Discharge	Available at Panel Hospitals				

Note: *Deductible is the portion of Eligible Expenses for which Insured Person is liable during the Period of Insurance before any benefits are payable under the Policy.

Annual Premium

Annual Premium for Non-cashless Plan

Age Band	(RM)									
	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
30 days - 17 years	547	464	675	639	853	853	1,067	940	1,770	1,422
18 - 25 years	377	348	524	484	587	587	684	631	1,077	1,178
26 - 29 years	428	464	563	611	668	697	772	835	1,067	1,269
30 - 39 years	616	616	852	825	1,067	985	1,192	1,140	2,057	1,758
40 - 49 years	829	749	1,145	1,053	1,374	1,374	1,594	1,466	3,048	2,752
50 - 54 years	1,165	1,072	1,666	1,533	1,998	1,998	2,320	2,134	4,032	3,678
55 - 59 years	1,463	1,346	2,024	1,862	2,434	2,434	2,825	2,599	5,037	4,713
60 - 64 years	2,115	1,940	2,929	2,720	3,448	3,202	4,162	3,865	7,998	6,524
65 - 69 years	2,992	2,778	4,143	3,847	4,337	4,027	5,240	4,866	11,826	9,646
70 - 74 years (renewal only)	4,382	3,904	6,068	5,677	7,023	6,570	8,486	7,939	18,424	15,611
75 - 79 years (renewal only)	5,699	4,848	7,893	7,383	9,134	8,545	11,038	10,325	23,056	19,403

Annual Premium for *Cashless Plan

Age Band	(RM)									
	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
30 days - 17 years	819	719	974	982	1,307	1,307	1,759	1,552	2,276	1,954
18 - 25 years	527	485	713	656	793	793	986	950	1,578	1,724
26 - 29 years	634	634	788	862	965	1,004	1,204	1,157	1,559	1,864
30 - 39 years	863	863	1,182	1,182	1,416	1,358	1,771	1,702	3,032	2,588
40 - 49 years	1,271	1,168	1,743	1,602	2,088	2,007	2,609	2,512	4,493	4,068
50 - 54 years	1,830	1,682	2,520	2,317	3,021	2,905	3,781	3,640	5,940	5,430
55 - 59 years	2,217	2,038	3,061	2,814	3,670	3,528	4,594	4,423	7,408	6,953
60 - 64 years	3,199	2,969	4,414	4,098	5,191	4,633	6,258	5,810	11,735	9,628
65 - 69 years	4,511	4,188	6,236	5,789	6,526	6,058	7,871	7,308	17,351	14,194
70 - 74 years (renewal only)	6,061	5,669	8,329	7,790	9,587	8,968	11,545	10,799	27,120	22,907
75 - 79 years (renewal only)	7,876	7,367	10,826	10,126	12,461	11,656	15,009	14,040	33,818	28,536

Notes:

1. The Premium rates are not guaranteed and are charged according to the attained age next birthday at each Policy renewal. Allianz General Insurance Company (Malaysia) Berhad ("Company") reserves the right to revise the Premium rate by giving thirty (30) days Written Notice prior to the next Policy Anniversary.
2. *Managed Care Organisation ("MCO") Fee 19.44 (inclusive 8% Service Tax) will be charged separately for Cashless Plan.
3. For Corporate Policyholders, Premiums are further subject to 8% Service Tax.
4. Premium is subject to a RM10 Stamp Duty payable on the Contract of Insurance.
5. The total Premium that you pay may vary depending on your choice of Deductible, your age, gender and Company's underwriting requirements.
6. The Service Tax ("ST") amount herein may be subject to change as the ST rate applied shall be based on the prevailing rate(s) in accordance with the laws of Malaysia.

Exclusions

This Policy does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one of the following occurrences:

1. Pre-existing Illness unless declared by the Insured Person and accepted by the Company in writing, on or prior to Policy commencement date;
2. Specified Illness occurring during the first one hundred and twenty (120) days of continuous cover calculated from the commencement of the Period of Insurance;
3. Any medical or physical conditions arising during the first thirty (30) days except where the Insured Person is hospitalised due to a covered Accident occurring after the commencement of the Period of Insurance;
4. Plastic/cosmetic Surgery (except reconstructive Surgery necessary to restore function after an Accident that has occurred during Period of Insurance), circumcision, eye examination, glasses, lenses and any other eyewear or surgical correction of nearsightedness (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;
5. Dental conditions including dental treatment or oral surgery except as necessitated by Injuries to sound natural teeth occurring wholly during the Period of Insurance;
6. Private nursing, rest cures or sanitarium care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (Aids Related Complex) and HIV-related diseases, and any communicable diseases that require quarantine by law;
7. Any treatment or surgical operations for congenital abnormalities or deformities including hereditary conditions;

8. Pregnancy, child birth (including surgical delivery), miscarriage, abortion, prenatal or postnatal care, surgical, mechanical or chemical contraceptive methods for birth control or treatment pertaining to infertility, erectile dysfunction and tests or treatment related to impotence or sterilisation;
9. 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 Medical Practitioner, and treatments specifically for weight reduction or gain;
10. Suicide, attempted suicide or intentional, self-inflicted injury while sane or insane;
11. 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;
12. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
13. Donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications thereof;
14. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aroma therapy or other alternative treatments;
15. Hospitalisation for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and Hospitalisation due to Disabilities arising out of duties of employment or the Insured Person's profession that is covered under a Workmen's Compensation insurance contract;
16. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);
17. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items;
18. Disability arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities;
19. Disability arising from private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
20. Any Disability arising from sex reassignment surgeries or procedures; and
21. Any person residing outside Malaysia.

Key terms and conditions

Waiting Period - Coverage under this Policy is subject to a thirty day (30) waiting period except where hospitalisation is due to a covered Accident.

Cooling-off period - If you decide not to take up this Policy after it has been issued, you may return the Policy to the Company for cancellation provided your request for cancellation is delivered to the Company within fifteen (15) days from the date you receive the Policy.

Change in Plan - Application for change of plan can only be made on the Policy Anniversary and is subject to acceptance by the Company.

The Policy will automatically terminate upon the occurrence of any of the following:

- a) at mid-night (standard Malaysian time) on the last day of the Period of Insurance; or
 - b) when the Insured Person attains the age of eighty (80); or
 - c) upon cessation or termination of the Policy; or
 - d) Premium payable under this Policy remains unpaid on the Policy Anniversary; and
 - e) termination of coverage under this Policy following the Company's decision in accordance with the Portfolio Withdrawal Condition.
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Portfolio Withdrawal Condition - The Company reserves the right to cancel its medical product portfolio as a whole and discontinue underwriting Allianz MediCure.

The Company shall give thirty (30) days Written Notice of its intention to discontinue underwriting the product but subsisting policies shall continue until expiry of their respective periods of insurance.

Important Notice

- It may not be advantageous to switch from one Health Policy to another, as you may be subjected to new underwriting requirements in terms of Waiting Periods, Exclusion of Specified Illnesses, or Pre-Existing Conditions under the new Policy.
- Please note that if an Insured Person has received other medical insurance or government plans, the Company shall bear no charges unless benefits received do not fully cover incurred charges, which are covered under the Policy.
- Please note that the exclusions, limitations, terms and conditions as stated in this brochure are not exhaustive. Please refer to the actual Policy Wording for detailed benefits, exclusions, limitations, terms and conditions.
- The information enclosed is accurate as at the date of print.
- You are to ascertain that this product will best serve your needs and that you are agreeable to the Premium payable under the Policy.
- You should ensure that important information regarding the Policy is disclosed to you and that you understand the information disclosed. Where there is ambiguity, you should seek clarification from the Insurer.
- Before purchasing any Medical and Health Insurance (MHI) product, you should ensure that you understand the basic and important features of the product; and that the relevant information has been disclosed to you. The Company's managers/intermediary partners are available to help you with the following questions:
 - What are the basic and salient features of Medical and Health Insurance in general?
 - What are the basic and salient features of the product proposed?
 - Do I have all the information needed to make an informed decision?
 - Am I satisfied that the product proposed best suits my needs?
- The Premium rates are not guaranteed and are charged according to the age next birthday at each Policy renewal. The Company reserves the right to revise the Premium rate by giving thirty (30) days Written Notice prior to the next Policy anniversary. The adjustment in Premium rates, if any, will aim to reflect the Company's claim experience, cost of medical treatment, medical inflation and advancement in medical technology. This list is not exhaustive and the Premium rates may also be revised under other justified circumstances. Such changes, if any, shall be applicable to all Policyholders irrespective of their Policy duration and claim experience.

This brochure is valid from 1 March 2024.

This brochure is for general information only and it is not a Contract of Insurance. The descriptions of available coverage are only a brief summary for quick and easy reference. The precise terms and conditions that apply are specified in the Policy.

Allianz General Insurance Company (Malaysia) Berhad 200601015674 (735426-V)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

Allianz Customer Service Centre

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