

## **Frequently Asked Questions (FAQ)**

1. What is RM1,000 deductible per hospital admission? Example?

A: RM1,000 deductible per hospital admission means that you are to pay for the first RM1,000 of the eligible medical expenses incurred for that hospital admission. We will pay the balance of the medical expenses after deducting the first RM1,000.

For example, the eligible medical expenses = RM10,000

Deductible amount per hospital admission = RM1,000

Amount to be paid by you = RM1,000

Amount to be paid by us = RM10,000 – RM1,000 = RM9,000

2. What is the premium for this plan?

A: Please refer to below for the premium.

If you choose the plan without deductible:

Attained Age	Plan 100		Plan 50		Plan 20	
	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)
0 – 5	91.99	1,048.80	85.99	980.40	78.99	900.60
6 - 15	50.99	581.40	47.99	547.20	43.99	501.60
16 – 19	50.99	581.40	47.99	547.20	43.99	501.60
20 – 24	51.99	592.80	48.99	558.60	45.99	524.40
25 – 29	51.99	592.80	48.99	558.60	45.99	524.40
30 – 34	54.99	627.00	51.99	592.80	48.99	558.60
35 – 39	55.99	638.40	51.99	592.80	48.99	558.60
40 - 44*	67.99	775.20	63.99	729.60	59.99	684.00
45 - 49*	113.99	1,299.60	106.99	1,219.80	99.99	1,140.00
50 - 54*	159.99	1,824.00	150.99	1,721.40	140.99	1,607.40
55 - 59*	296.99	3,385.80	279.99	3,192.00	259.99	2,964.00
60 - 64*	425.99	4,856.40	401.99	4,582.80	373.99	4,263.60
65 - 79*	640.99	7,307.40	604.99	6,897.00	562.99	6,418.20

If you choose the plan with deductible of RM1,000 per hospital admission:

Attained Age	Plan 100		Plan 50		Plan 20	
	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)
0 – 5	66.99	763.80	60.99	695.40	57.99	661.20
6 - 15	36.99	421.80	33.99	387.60	31.99	364.80
16 – 19	36.99	421.80	33.99	387.60	31.99	364.80

Attained Age	Plan 100		Plan 50		Plan 20	
	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)
20 – 24	37.99	433.20	35.99	410.40	32.99	376.20
25 – 29	37.99	433.20	35.99	410.40	32.99	376.20
30 – 34	39.99	456.00	37.99	433.20	34.99	399.00
35 – 39	39.99	456.00	37.99	433.20	34.99	399.00
40 - 44*	48.99	558.60	45.99	524.40	42.99	490.20
45 - 49*	80.99	923.40	76.99	877.80	70.99	809.40
50 - 54*	113.99	1,299.60	107.99	1,231.20	99.99	1,140.00
55 - 59*	210.99	2,405.40	198.99	2,268.60	184.99	2,109.00
60 - 64*	302.99	3,454.20	285.99	3,260.40	265.99	3,032.40
65 - 79*	454.99	5,187.00	428.99	4,890.60	398.99	4,548.60

\* The premium rates for age 40 - 79 are for renewal only.

- The premium for this product is not guaranteed. We reserve the right to revise the premiums at Policy anniversary by giving You 90 days' notice if the overall claim experience of this class of business is worse than expected.

3. Why is my premium cheaper when I choose the plan with deductible feature?

A: It is cheaper because you will need to bear some of the eligible medical expenses for the plan with deductible.

4. Is the premium the same for every year?

A: No, the premium payable will increase according to your age.

5. Will my premium change after I purchase the plan?

A: Any change of premium will only be effective starting next anniversary of your policy and we will give you at least 90 days' notice prior to the change. However, any change of premium will only be made if the overall claim experience of this class of business is worse than expected.

6. How can I get myself a medical plan, if I am above age 39 years old?

A: Kindly leave us a message via WhatsApp at 017-641 8867.

7. If I am not eligible to enroll for this medical plan after answering the underwriting questions, can I still purchase this plan?

A: Sorry, you cannot purchase this plan. However, we still have other similar types of medical plans which may be suitable for you, kindly leave us a message via WhatsApp at 017-641 8867.

8. There are 3 plans, which plan is suitable for me?

A: The suitability of the plan would depend on your affordability and your needs.

9. What is annual limit?

A: Annual limit is the maximum eligible medical expenses that we pay every year.

10. Can I upgrade my plan?

A: The upgrade is provided to you via invitation upon policy renewal and is subject to terms and conditions.

11. Do I need to go through medical checkup to enroll for this plan?

A: Medical checkup is not required to enroll for this plan.

12. What is the claim procedure?

A: If you choose to visit a panel hospital:

Just present the online medical card to the hospital and we will pay the eligible medical expenses that you incurred subject to the annual limit of the plan you purchased. For plan with deductible, you will need to pay for eligible expenses up to the deductible amount per hospital admission before we cover the remaining expenses.

If you choose to visit a non-panel hospital or want to claim for outpatient treatment:

You will need to pay for the medical expenses first, and then submit the claim to AXA AFFIN Life Insurance Berhad for reimbursement via email ([claims@axa-life.com.my](mailto:claims@axa-life.com.my)), walk-in to any of our branch (refer to <https://www.axa.com.my/contact-us>), “My AXA Health” Mobile App or “My Health Portal” at <https://www.myaxahealth.com/>.

For the reimbursement, you will need to submit the following:

- i) [Claim form \(by claimant\)](#)
- ii) [Medical claim form \(by doctor\)](#) – Not applicable for follow up visit
- iii) Itemized Medical Bill – this is a detailed medical expenses issued by the hospital
- iv) Payment Receipts issued by the hospital
- v) NRIC of the Insured

The company may request for additional copies of report for e.g. test result in certain situations.

13. Can I go to any non-panel hospital and claim for the payment?

A: Yes, you can. Please refer to the answer to [question 12](#) for the claim process.

14. Will I have a medical card?

A: A online medical card will be available to you via “My AXA Health” Mobile App. You may also login into <https://www.myaxahealth.com/> to access your medical card.

15. Does the plan cover clinic visits?

A: Yes, you are covered up to 3 times per Any One Disability for clinic visits for Bodily Injury resulting from an accident. For this claim, the treatment must be sought within 24 hours. Besides, you are covered up to 3 clinic visits for consultation & diagnostic test preceding confinement in a hospital due to illnesses.

16. Can I buy the medical card and go to the hospital the next day?

A: Yes, you can. However, please note that this product does not cover any medical or physical conditions occurring within the first 30 days or Specified Illnesses within the first 120 days, except for injuries due to accidental causes.

Injuries due to accidental causes is an injury which is caused by accident and with the evidence of a visible bruise or wound on the body.

**Specified Illnesses** means any one of the following Disabilities and its related complications:

- (a) Hypertension, diabetes mellitus and cardiovascular disease;
- (b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system;
- (c) All ear, nose (including sinuses) and throat conditions;
- (d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele;
- (e) Endometriosis including Disease of the reproduction system;
- (f) Vertebro spinal disorders (including disc) and knee conditions.

17. What is the maximum room and board rate under this plan?

A: RM250. If your room and board is higher than RM250 per day, we will only pay up to RM250 per day and you will have to pay for the excess.

18. What are the options for payment method?

A: Credit card and online banking.

19. How to download the mobile app for medical card?

A: You may download "My AXA Health" from Google Play Store for android and from Apple App Store.

20. If I need help during claims process, what should I do?

A: Should you need any help during the claims process, please call our Third Party Administrator (MediExpress) at 1300-80-0020.

21. How does the cashless admission procedure work?

A: You just need to present the online medical card to our panel hospital or mention our Third Party Administrator name (MediExpress) for the admission arrangement. However, please note that the hospital may require you to pay a deposit before admission.

22. Can I upgrade my plan upon admission?

A: No, the upgrade of plan is subject to terms and conditions and only offered through our invitation upon policy renewal.

23. What should I do if I don't have sufficient annual limit to cover my medical expenses?

A: If the annual limit is insufficient to cover your medical expenses, you will have to bear the differences of the medical expenses. Thus, it is advisable to ensure that you have sufficient medical coverage at the very beginning.

24. Can my 18-year-old child purchase this using my credit card?

A: Yes, he/she can.

25. After I completed my application and payment online, when will I receive the policy documents?

A: Yes. You will receive the policy documents via email within 3 working days. In the event you did not receive the policy documents, kindly leave us a message at WhatsApp at 017-641 8867, email us at [customer.care@axa-life.com.my](mailto:customer.care@axa-life.com.my) or contact AXA AFFIN Life Customer Care Helpline at 1300-88-1616.

26. What are the detailed coverage for this medical plan?

A: Please refer to the [Fact Sheet](#) and [Product Disclosure Sheet](#) for the detailed coverage for this medical plan.

27. What are the exclusions under this plan?

A: This plan does not cover any Hospitalisation, Surgery or charges caused directly or indirectly, wholly or partly, by any one of the following occurrences:

- i. Pre-existing Illnesses.
- ii. Specified Illnesses occurring during the first 120 days of continuous cover.
- iii. Any medical or physical conditions arising within the first 30 days following the Issue Date, except for Bodily Injury due to accidental causes.
- iv. Plastic/Cosmetic Surgery, circumcision, eye examination, glasses and refraction or surgical correction of near sightedness (Radial Keratotomy or Lasik) or all corrective glasses, contact lenses and intraocular lens (except monofocal intraocular lenses in cataract Surgery) or robotics Surgery that aid a surgical procedure and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
- v. Dental conditions including Dental Treatment or oral Surgery except as necessitated by Accidental Injuries to teeth occurring wholly during the period of insurance.
- vi. Private nursing, rest cures or sanatoria 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 requiring quarantine by law.
- vii. Any Treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- viii. Pregnancy, pregnancy related condition or its complications, child birth (including 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 sterilisation.

- ix. 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.
- x. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
- xi. 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.
- xii. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- xiii. Expenses incurred for donation of any body organ by an Insured and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
- xiv. 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 Treatment.
- xv. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations) and any other conditions classified under the "Diagnostic and Statistical Manual of Mental Disorders (DSM-IV Codes)' as published by American Psychiatric Association.
- xvi. 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.
- xvii. Sickness or Injury 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.
- xviii. Expenses incurred for sex changes.
- xix. Cosmetic (aesthetic) Surgery or Treatment, or any Treatment which relates to or is needed because of previous cosmetic Treatment. However, we will pay for reconstructive Surgery if:
  - (a) It is carried out to restore function or appearance after an Accident or following Surgery for a medical condition, provided that the Insured has been continuously covered under the Policy since before the Accident or Surgery happened; and
  - (b) It is done at a medically appropriate stage after the Accident or Surgery; and
  - (c) We agree, in writing, to the cost of the Treatment before it is done.
- xx. Biological or chemical contamination.

28. Can I get more than one AXA eMedic policy for myself?

A: No, you are eligible for one AXA eMedic policy only.

29. Is there a family plan for this product?

A: No, there is no family plan for this product but each family member aged from 15 days to 39 years may eligible for this plan.

30. What are my premium payment term options?

A: This is a guaranteed renewable medical plan. You are required to pay the premium if you would like to continue your policy.

31. What are the panel hospitals for this product?

A: You may access the list of the panel hospitals for this product [here](#).

32. Can I buy this plan through an agent?

A: No, this plan can only be purchased through our website.

33. Can I use the medical card if I miss a premium payment?

A: If you missed any premium payment and provided that your policy has not lapsed, you may be able to use the medical card, however, you may face some interruption during the discharge process from the hospital and You will need to pay back the premium owed since the premium due date.

34. If I cancel the policy, will I get back any premium that I paid?

A: If you cancel the policy within 15 days from the date of transmission of your policy to you, we shall refund the Basic Premium paid. However, no refund can be made when a claim has been admitted.

If you cancel the policy after the 15 days period, you will receive the refund of the premium as follows:

Period from Policy Anniversary, Not exceeding	Premium Payment Mode	
	Annually	Monthly
15 days*	90%	No Refund
1 month	80%	
2 months	70%	
3 months	60%	
4 months	50%	
5 months	40%	
6 months	30%	
7 months	25%	
8 months	20%	
9 months	15%	
10 months	10%	
11 months	5%	
Period exceeding 11 months	No Refund	

\* Not applicable to 1<sup>st</sup> policy year.

35. Does this product give investment returns?

A: No, this product does not invest in any investment fund(s).