

OneMedic *Lite*

That balances medical protection and affordability





KEY BENEFITS

Cash Relief in the event of Medical Quarantine

In the event you suffer from any disease that require you to be admitted in an isolation ward of government hospital, we will pay double of the **Daily Allowance for Hospitalisation in Government Hospital**, so that it can support your daily living expenses and you can focus on your recovery. This coverage is very relevant in the current situation of pandemic threats.

Daily Allowance for Hospitalisation in Government Hospital

A daily allowance for you when you are hospitalised in a normal ward for any admission in a government hospital.

One medical plan that balances your medical protection needs and your affordability

Every day you are presented with options and we want to make sure the choice that you made is helping you to become better every day. One of the important choices you have to make is buying medical insurance for yourself and your family.

There are many medical insurance products available in the market and we are here to help you make the right choice by offering you **OneMedic Lite**, the one medical plan that provides you and your family a peace of mind and at the same time it meets your affordability.

OneMedic Lite provides 4 key features that will fulfill your family and your medical protection needs.

No Lifetime Limit

AXA AFFIN Life wishes to provide you a lifetime of coverage and thus it is necessary to have unlimited lifetime medical limit to support you up to age 100¹. Also, no lifetime limit for Out-Patient Cancer Treatment and Kidney Dialysis.

Deductible

Choose your option of deductible to enjoy further rebate on your insurance charges, if you decide to first pay a selected amount on your medical expenses while we will reimburse the remaining medical expenses.

¹ With optional coverage term of 30 years or up to age 80, and this plan will be guaranteed to be renewed without evidence of insurability at your option up to age 100 provided that the basic plan is still in force. You will be notified at least 90 days prior to the expiry age of this rider.

Schedule of Benefits of OneMedic *Lite*

Plan		Lite 1	Lite 2
Annual Limit (applicable to benefit no. 1 to no. 16)		RM250,000	RM500,000
Lifetime Limit		No limit	
Inflation Defender		Not applicable	
Deductible		RM0 or RM300	
Section A: In-Patient and Surgical Benefit (for any one disability)			
1	Hospital Room and Board (daily maximum)	RM150	RM150
	Maximum number of days	150 days for any one disability	
2	Intensive Care Unit	As charged	
	Maximum number of days	150 days for any one disability	
3	In-Patient Related Fees (a) Hospital Supplies and Services (including medical report charges up to RM200 per hospitalisation) (b) Surgical Fees (c) Anaesthetist Fees (d) Operating Theatre Fees (e) In-Patient Prescribed Medicines (f) In-Patient Diagnostic Procedures and In-Patient Physiotherapy (g) In-Patient Physician Visit (up to 2 visits per day per physician)	As charged	
4	Ambulance Fees	Up to RM500 per hospitalisation	
5	Daily Guardian Benefit (for child aged below 15 years or senior aged above 65 years)	As charged	
	Maximum number of days	150 days for any one disability	
6	Daily Allowance for Hospitalisation in Government Hospital	RM60 per day	
	Maximum number of days	60 days for any one disability	
7	Additional Daily Allowance for Hospitalisation in Government Hospital Isolation Ward	RM60 per day	
	Maximum number of days	30 days for any one disability	

Schedule of Benefits of OneMedic *Lite*

Plan	Lite 1	Lite 2
Section B: Out-Patient Benefit (for any one disability)		
8	Day Surgery and Daycare Surgical Procedure As charged	
9	Pre-Hospitalisation Benefit (within 60 days before hospitalisation) (a) Consultation (b) Diagnostic Tests (c) Medication and Treatment Up to RM5,000	
10	Post-Hospitalisation Benefit (within 150 days after hospital discharge) (a) Medication and Treatment (b) Out-Patient Physiotherapy ² Up to RM5,000	
11	Chiropractic and Acupuncture Treatment (within 150 days after hospital discharge) Not applicable	
12	Out-Patient Kidney Dialysis Treatment As charged	
13	Out-Patient Cancer Treatment As charged	
14	Home Nursing Care Up to RM5,000 per hospitalisation	
	Maximum number of days 180 days per lifetime	
15	Emergency Accidental Out-Patient and Follow-up Treatment (within 30 days from the date of an accident) As charged	
Section C: Special Benefit		
16	Intraocular Lens Up to RM3,000 per lifetime	

- Benefit no. 7 is payable in addition to Benefit no. 6.
- Please refer to the frequently asked questions for more details on the deductible.
- Please refer to the supplementary contract for full benefit description.

² Physiotherapy must be performed in the same hospital which the Insured is hospitalised.

Frequently Asked Questions

1. Who can insured under OneMedic Lite?

Coverage Term Option	Entry Age	
	Minimum	Maximum
30 years	15 days old	70 years old
Up to age 80	15 days old	50 years old

However, it is subject to our underwriting requirements.

2. How can I take up OneMedic Lite?

You can add OneMedic Lite to our investment-linked insurance plan. Please check with your agent or contact us for more details.

3. How much do I have to pay?

The insurance charges you have to pay depends on your attained age, gender, occupation, health condition and the type of plan you choose. The insurance charges payable will increase according to your attained age. Please refer to Appendix I for the Insurance Charges table for a standard life.

Insurance charges are payable throughout the entire duration of the riders. You must inform us of any change in your occupation, avocation and sports activities as it may affect the insurance charges and terms and conditions of the plan.

4. Are the insurance charges payable guaranteed?

Insurance charges are not guaranteed but renewability is guaranteed. We reserve the right to revise the insurance charges at policy anniversary by giving you at least 90 days' notice if the overall claim experience of this class of business is worse than expected.

5. How does deductible work?

The reimbursement of any eligible expenses is always subject to deductible amount, if applicable.

Deductible Amount Option (RM)	Conditions
Zero	We shall reimburse the eligible expenses incurred.
300	You must first pay the deductible amount for total eligible expenses incurred for any one disability and we shall reimburse the excess, if any. Deductible applies to benefit no. 1 to no. 14 of the Schedule of Benefits.

An example for deductible RM300:

A 30 years old male purchased the OneMedic Lite 1 plan with RM300 deductible. He was admitted to hospital on December 2020 due to appendicitis. After 3 days of hospitalisation, he was discharged from hospital with a medical bill of RM10,000.

Assuming the total eligible medical expense is RM10,000. Based on the selected deductible option, he must first pay RM300 and the balance of RM9,700 will be payable by OneMedic Lite.

6. When does the cover begin?

The coverage begins immediately after the rider has commenced for hospitalisation due to accidents. There is a waiting period of 120 days for specified illnesses and 30 days for any other causes.

Frequently Asked Questions

Specified illnesses refer to the following disabilities and its related complications:

- Hypertension, diabetes mellitus or cardiovascular disease;
- Growths of any kind including tumours, cancers, cysts, nodules, polyps, kidney stones or gall bladder stones;
- Any diseases of the ear, nose (including sinuses) or throat;
- Hernias, haemorrhoids, fistulae, hydrocele or varicocele;
- Any diseases of the reproductive system including endometriosis; or
- Any disorders of the spine (including but not limited to a slipped disc) or any knee conditions.

7. Is the renewal guaranteed?

OneMedic *Lite* is guaranteed to be renewed without evidence of insurability at your option up to age 100 provided the basic plan is still in-force. There is no selective renewal loading or exclusion regardless of the claim made during the previous year. However, the renewal of the rider is at your option until the occurrence of any one of the following:

- Fraud or misrepresentation of material fact during application;
- This rider is cancelled/surrendered at your request;
- On the death of the insured;
- The basic plan to which this rider is attached to terminates, matures, expires or lapses;
- On the policy anniversary prior to the insured attaining the expiry age of this rider, provided that the renewal privilege of this rider has not been exercised; or
- On the policy anniversary on or following insured's 100th birthday, provided that the renewal privilege of this rider has been exercised.

8. Where can I get the latest list of panel hospitals?

You can view our latest list of panel hospitals on our official website at www.axa.com.my.

9. How do I make a claim?

Where applicable, cashless facility will be provided to the panel hospital for your admission. It is best for you to arrange for the medical report before any hospital admission for a pre-planned treatment. Depending on the hospital, you may be required to pay a deposit and the deposit amount may vary from hospital to hospital. Upon discharge, the hospital will provide the final diagnosis and the itemised bill. You only need to settle any deductible, ineligible or excess expenses which are not covered.

In the circumstances of non-cashless admission, you are advised to pay for the treatment first and after being discharged, file a claim with us.

Cashless facility does not guarantee full payment of your final medical bill which may include excess and excluded items which must be paid by you.

Please notify us within 30 days of any occurrences for admission to non-panel hospitals, out-patient treatment or any claims which have been settled by you. Please submit the claim form, original itemised bills, receipts and other relevant claim documents to us for processing.

10. Where can I check my policy coverage and limits?

You can check on MyAXA Customer Portal or call us at 1 300 88 1616.

11. What are the consequences of switching policy from one insurer to another?

You may be subject to new underwriting requirements, full waiting period and any applicable period for the exclusion of specific illnesses or pre-existing conditions of the new plan.

Appendix I

Annual Insurance Charges of One Medic Lite

For Occupation Class 1 & 2 with RM300 Deductible

Attained Age	Lite 1		Lite 2	
	Male	Female	Male	Female
0 – 5	917	839	961	878
6 – 10	600	545	628	575
11 – 15	560	510	580	529
16 – 20	598	547	616	560
21 – 25	688	664	708	689
26 – 30	769	802	784	822
31 – 35	835	956	849	968
36 – 40	995	1,058	1,019	1,078
41 – 45	1,142	1,223	1,157	1,252
46 – 50	1,455	1,519	1,467	1,563
51 – 55	1,972	1,997	1,991	2,035
56 – 60	2,398	2,431	2,471	2,483
61 – 65	3,679	3,192	3,797	3,269
66 – 70	5,067	4,275	5,269	4,383
71 – 75	6,690	5,592	6,952	5,807
76 – 80	8,762	6,579	9,142	6,888
81	11,256	8,621	11,826	9,093
82	11,811	9,109	12,565	9,728
83	12,392	9,627	13,306	10,395
84	13,005	10,177	14,101	11,097
85	13,676	10,758	14,930	11,814
86	14,100	11,150	15,517	12,413
87	14,681	11,680	16,122	12,990
88	15,285	12,259	16,734	13,560
89	15,918	12,846	17,360	14,171
90	16,611	13,462	17,995	14,800
91	17,119	13,983	18,677	15,462
92	17,762	14,577	19,342	16,135
93	18,387	15,225	20,019	16,828
94	19,079	15,873	20,714	17,545
95	19,797	16,581	21,389	18,287
96	20,523	17,294	22,237	19,078
97	21,299	18,065	22,983	19,869
98	22,054	18,876	23,704	20,691
99	22,889	19,685	24,486	21,540

Appendix I

Annual Insurance Charges of One Medic Lite

For Occupation Class 1 & 2 with Zero Deductible

Attained Age	Lite 1		Lite 2	
	Male	Female	Male	Female
0 – 5	1,145	1,047	1,200	1,098
6 – 10	779	708	815	745
11 – 15	746	679	773	704
16 – 20	830	759	854	777
21 – 25	982	948	1,010	983
26 – 30	1,068	1,114	1,088	1,140
31 – 35	1,083	1,241	1,103	1,257
36 – 40	1,244	1,322	1,273	1,346
41 – 45	1,428	1,528	1,446	1,565
46 – 50	1,775	1,852	1,789	1,906
51 – 55	2,404	2,436	2,428	2,481
56 – 60	2,925	2,963	3,011	3,027
61 – 65	4,487	3,890	4,630	3,985
66 – 70	6,182	5,213	6,425	5,345
71 – 75	8,157	6,821	8,473	7,077
76 – 80	10,687	8,018	11,143	8,397
81	13,732	10,509	14,413	11,095
82	14,410	11,102	15,308	11,864
83	15,123	11,732	16,234	12,671
84	15,873	12,400	17,197	13,521
85	16,662	13,107	18,199	14,414
86	17,184	13,605	18,939	15,131
87	17,900	14,256	19,669	15,828
88	18,645	14,939	20,408	16,544
89	19,426	15,658	21,163	17,284
90	20,241	16,413	21,931	18,045
91	20,882	17,043	22,782	18,869
92	21,650	17,786	23,587	19,683
93	22,442	18,561	24,403	20,524
94	23,270	19,371	25,243	21,391
95	24,129	20,219	26,100	22,289
96	25,032	21,106	27,104	23,272
97	25,961	22,029	28,006	24,230
98	26,920	22,999	28,924	25,226
99	27,921	24,011	29,869	26,254

Note:

- The above rates are rounded to the nearest Ringgit.
- The insurance charges are deducted monthly from the account value of your policy to pay for the insurance coverage. The insurance charge will increase according to your attained age.
- The insurance charges for age 71-99 are for renewal only.
- The insurance charges above are applicable to standard risk only.
- The Annual Insurance Charges for Occupation Class 3 is additional 15% of the Annual Insurance Charges for Occupation Class 1 & 2.
- All occupations under Class 4 will not be covered by this plan.

Definition of Occupation Classes

Class 1: Persons engaged in professional, administration, managerial, clerical and non-manual occupations generally.

Class 2: Persons engaged in work of a supervisory nature and others not in Class 1 whose duties may involve occasional light manual work but not using tools or machinery or not exposing them to any special hazards. Persons who are required to travel outside office for business or professional purposes but not engaging in manual labour.

Class 3: Persons engaged in manual work not of particularly hazardous nature but involving the use of tools or light machinery.

Class 4: Persons engaged in heavy manual work involving the use of heavy tools and machinery.

Important Notes

AXA AFFIN Life Insurance Berhad believes it is important that you fully appreciate and understand all the benefits and charges under this plan.

1. This insurance plan is underwritten by AXA AFFIN Life Insurance Berhad (200601003992), a company licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.
2. You should satisfy yourself that these riders will best serve your needs and that the premium payable under the policy is an amount you can afford.
3. If you are not completely satisfied with this rider, you may return this rider and request the cancellation of this rider within 15 days from the date this rider is delivered to you provided no claim has been made. We will then refund to you any insurance charge that has been deducted for this rider less any medical expenses incurred.
4. Please read this brochure together with the basic plan's brochure. For further information, you may refer to the sales illustration.
5. OneMedic *Lite* does not cover any hospitalisation, surgeries or charges incurred caused directly or indirectly, wholly or partly, by any one of the following occurrences:
 - Pre-existing illnesses;
 - Specified illnesses occurring within the waiting period;
 - Any disabilities, medical or physical conditions and its signs and symptoms occurring within the waiting period, except for injuries due to accidents;
 - Circumcision, eye examination, refractive surgery or surgical procedure for visual impairments due to astigmatism, farsightedness or nearsightedness (Radial Keratotomy or Lasik), glasses or contact lenses, High-intensity Focused Ultrasound (HIFU), rhizolysis, robotics surgery that aided surgical procedure 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 injuries due to accidents to sound natural teeth occurring during the period of insurance;

Important Notes

- Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related Diseases, and any communicable diseases requiring quarantine by law;
- Any treatments or surgical operation for congenital conditions or deformities including hereditary conditions;
- 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;
- Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examinations, general physical or medical examinations that are not related whether directly or indirectly to treatment or diagnosis of a covered disability, any treatments which is not medically necessary, tests and investigations done for the purpose of excluding diagnosis other than the final diagnosis in which final treatment is rendered, any preventive treatments, preventive medicines or examinations carried out by a physician, and any treatments specifically for weight reduction or gain or bariatric surgery;
- 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, civil commotion or insurrection;
- Biological or chemical contamination, ionising radiation or contamination by radioactivity 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 parts or organs by the Insured and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications;
- Investigation and treatment of sleep and snoring disorders, hormone replacement therapy, placenta/serum therapy, chelation therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to acupressure reflexology, bone setting, herbalist treatment, traditional and complementary medicine (unless otherwise specified), supplementary medicine, vitamin, nutritional herb, massage or aroma therapy or other alternative treatment;
- Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured and disabilities arising out of duties of employment or profession that is covered under a workman's compensation insurance contract;
- 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;
- 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;
- 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;
- Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
- Expenses incurred for sex changes;
- Any treatments directed towards developmental delays and/or learning disabilities of an Insured;
- Any treatments which only offer temporary relief of symptoms on any long-term illnesses and diseases rather than dealing with the underlying medical condition;

Important Notes

- Any diagnostic tests, procedures, blood tests, investigations or screenings that are not directly related to the final diagnosis and treatment for the covered disability; or
 - Cosmetic/aesthetic/plastic surgery or treatment, or treatment which relates to or is needed because of previous cosmetic treatment. However, We will pay for the 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 this rider since before the occurrence of accident or surgery;
 - (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.
6. This brochure contains only general information about the products and does not in any way represent a policy. For a detailed description of the terms and conditions and exclusions of the products please refer to the official policy issued by AXA AFFIN Life Insurance Berhad.

Contact us for more information

Our comprehensive range of insurance plans to meet your financial needs at every stage of your life:

protection

medical

savings

investment-linked

Customer Care Centre

1 300 88 1616

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Member of PIDM

AXA AFFIN Life Insurance Berhad is a member of Perbadanan Insurans Deposit Malaysia (PIDM). As a member of PIDM, some of the benefits insured under the insurance policies offered by AXA AFFIN Life Insurance Berhad are protected against loss of part or all of insurance benefits by PIDM, in the unlikely event of an insurer member failure. For further details of the protection limits and the scope of coverage, please obtain a PIDM information brochure from AXA AFFIN Life Insurance Berhad or visit PIDM website (www.pidm.gov.my) or call PIDM toll free line (1-800-88-1266).

