



Education Malaysia Global Services

Overview Of Insurance For International Students



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INTRODUCTION TO AXA AFFIN GENERAL INSURANCE BERHAD



AXA GLOBALLY A WORLD LEADER IN FINANCIAL PROTECTION



Americas

Canada,
United States



Middle East

Bahrain, Lebanon,
Oman, Qatar, Saudi
Arabia, The United
Arab Emirates



Europe

Austria, Belgium, Czech
Republic, France, Germany,
Hungary, Ireland, Italy,
Luxembourg, Monaco,
Poland, Portugal, Slovak
Republic, Spain, Switzerland,
Turkey, United Kingdom



Africa

Cameroon, Gabon,
Ivory Coast,
Morocco, Senegal



Asia Pacific

Australia, China, Hong
Kong, India, Indonesia,
Japan, Malaysia, New-
Zealand, Philippines,
Singapore, Taiwan,
Thailand, Korea,
Vietnam

AXA AFFIN MALAYSIA



- ❑ Represented in Malaysia for 130 years
- ❑ The first company to be locally incorporated (in 1975)
- ❑ 20 offices around Malaysia
- ❑ Professional and well-qualified staff of 833 (as at 31/07/2015)
- ❑ Assets over RM500 million



MEDICAL INSURANCE COVER & MEDICAL BENEFIT

TYPE OF INSURANCE PACKAGES PREMIUM

- There are 3 types of medical and health insurance packages made available for foreign students as follows:

Description	Silver Plan	Gold Plan	Platinum Plan
Student aged ≥ 12 and ≤ 60	RM500	RM750	RM850
Student aged > 60 and ≤ 65	RM2,150	RM2,800	RM3,800

SCHEDULE OF BENEFITS

BENEFITS		SILVER PLAN	GOLD PLAN	PLATINUM PLAN
1.	Room & Board (Daily max up to 120 days)	200	250	300
2.	Intensive Care Unit (Daily max up to 30 day)	200	250	300
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 the 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)			
15.	Government Service Tax			
16.	Government Hospital Daily Cash Allowance (Max. 120 days)	60	80	100
17.	Medical Report Fee Reimbursement	50	50	50
MAXIMUM LIMIT PER DISABILITY (Item 1-17)		20,000	30,000	50,000

SCHEDULE OF BENEFITS

BENEFITS		SILVER PLAN	GOLD PLAN	PLATINUM PLAN
18.	Reimbursement of Tuition Fees - max per semester	10,000	12,500	15,000
19.	Compassionate Visitation Benefit	5,000	7,500	12,500
20.	Outpatient GP Treatment (Annual Limit)	500	750	1,250
DEDUCTIBLE AMOUNT PER CLAIM (Item 20)		50	50	50
21.	Annual Outpatient Cancer Treatment	10,000	15,000	25,000
22.	Annual Outpatient Kidney Dialysis Treatment	10,000	15,000	25,000
23.	Emergency Medical Evacuation/Repatriation	100,000	200,000	300,000
24.	Accidental Death & Disablement	20,000	30,000	50,000
25.	Funeral Expenses	2,000	2,000	2,000

DESCRIPTION OF BENEFITS



Reimbursement of Tuition Fees RM 10,000 / RM 12,500 / RM 15,000

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.

DESCRIPTION OF BENEFITS



Compassionate Visitation
RM 5,000 / RM 7,500 / RM 12,500

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.

DESCRIPTION OF BENEFITS



Emergency Medical Evacuation / Repatriation
RM 100,000 / RM 200,000 / RM 300,000

- 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.

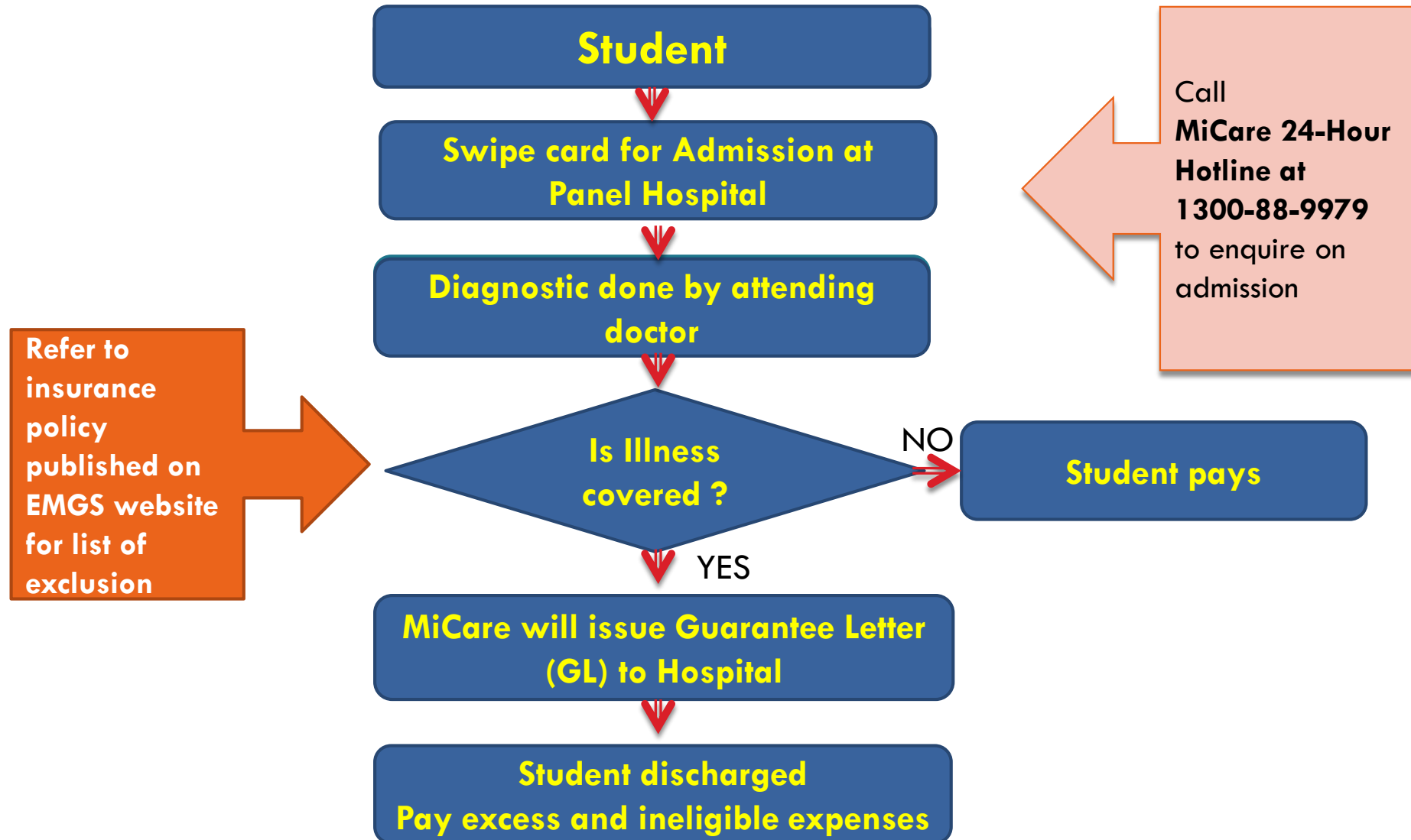
CASHLESS ADMISSION

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
- If it is only for treatment clinical (outpatient), go to panel clinics to enjoy cashless facilities in excess of RM50 per visit (i.e. the first RM50 is to be borne by the student)

Note : All government hospitals do not accept medical cashless cards from any insurance company

CASHLESS ADMISSION



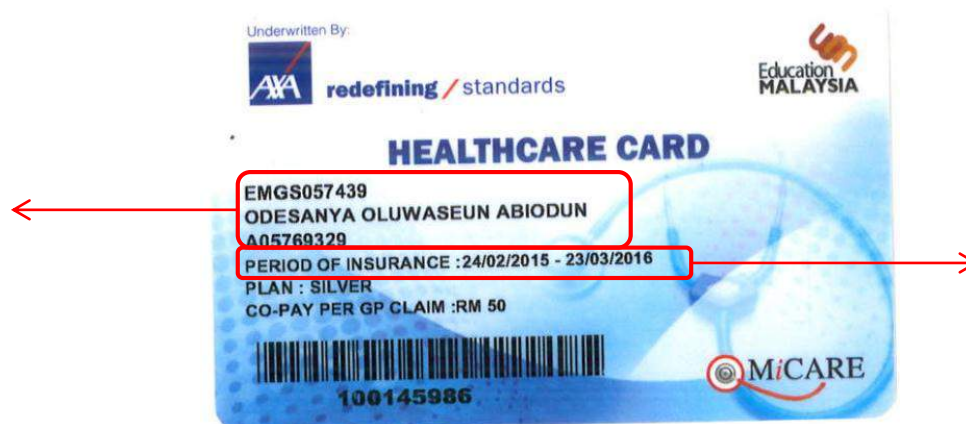


MEDICAL CARDS

MEDICAL CARDS

- Each student will receive this card
- Please check the insurance cover period to ensure you are covered up to the expiry of your student pass, if not contact your Institution on further action required
- Please make sure that the card is kept safely
- Any replacement of card is charged at RM5.00 per card

- 1) Card Number
- 2) Insured Name
- 3) Passport Number



Insurance Cover period (Start and End Date)

ADMISSION DEPOSIT REQUIREMENT



- ❑ Some hospitals may require personal deposits (on top of treatment deposit granted by AXA) upon admission to pay excess of your medical benefit entitlement AND/OR non-covered items under the policy
- ❑ This deposit is refundable upon discharge by the hospital, net of excess and/or non-covered items (if any)

NON-COVERED ITEMS

- ❑ 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
- ❑ Laundry, flask, extra toilet roll, tissue paper
- ❑ Newspapers, rental of television, telephone charges and similar facilities

PERSONAL DEPOSIT

The following hospitals may require RM500 deposit upon admission:

- SUNWAY MEDICAL CENTRE
- SIME DARBY MEDICAL CENTRE

The following hospitals may require RM200 deposit upon admission:

- Ampang Puteri Specialist Hospital
- Pusat Pakar Tawakal
- Damansara Specialist Hospital
- Puteri Specialist Hospital
- Johor Specialist Hospital
- Hospital Penawar, Johor
- Selangor Specialist Hospital
- Bukit Mertajam Specialist Hospital
- Kedah Medical Centre
- Ipoh Specialist Centre
- Seremban Specialist Hospital
- Kuantan Specialist Hospital
- Hospital Pakar Perdana, Kota Bharu
- Kuching Specialist Hospital

REIMBURSEMENT BASIS

If the student goes to :

- Non-panel hospitals
- Government Hospital
- Pre and post hospitalization
- Surgery where you are not required to stay overnight at the hospital OR
- Hospitalization outside Malaysia (overseas)
- Compassionate Visitation

The student will have to pay first and claim later



AXA PANEL CLINICS AND PANEL HOSPITALS

PANEL HOSPITALS

WILAYAH PERSEKUTUAN
Columbia Asia Hospital- Cheras
Columbia Asia Hospital - Setapak
Damai Service Hospital, Jalan Ipoh
Damai Service Hospital, Melawati
Gleneagles Kuala Lumpur
Hospital Aman, Jalan Ipoh
Hospital Pakar Al-Islam
Hospital Pusrawi
Institut Jantung Negara
International Specialist Eye Centre (Day Care)
Kuala Lumpur Sports Medicine Centre
KPJ Tawakal Specialist Hospital
Lourdes Medical Centre
Pantai Hospital Ampang
Pantai Hospital Cheras
Pantai Hospital Kuala Lumpur
Prince Court Medical Centre
Quill Orthopaedic Specialist Centre
Sentosa Medical Center
Sentul Medical Centre
Taman Desa Medical Centre
Tung Shin Hospital
UKM Specialist Centre
UM Specialist Centre

SELANGOR
Alpha Specialist Centre (<i>Day Care</i>)
Ara Damansara Medical Centre (formerly known as Sime Darby Ara Damansara) (<i>Heart, Orthopedic & Neuro only</i>)
Arunamari Specialist Medical Centre
Assunta Hospital
Beacon Hospital
BP Specialist Centre (Megah)
Center For Sight Laser Eye Center
Columbia Asia Hospital-Bukit Rimau
Columbia Asia Hospital Puchong
DEMC Specialist Hospital
Hospital Pakar An-Nur
Hospital Sungai Long
Kajang Plaza Medical Centre
Kelana Jaya Medical Centre
KPJ Ampang Puteri Specialist Hospital
KPJ Damansara Specialist Hospital
KPJ Kajang Specialist Hospital
KPJ Klang Specialist Hospital
KPJ Selangor Specialist Hospital
KPMC Puchong Medical Centre
Pantai Hospital Klang
Putra Medical Centre, Sungai Buloh
Pusat Rawatan Islam Az-Zahrah

SELANGOR
QHC Medical Centre
Sentosa Specialist Hospital, Klang
Shah Alam Specialist Hospital (Salam)
Sri Kota Specialist Medical Centre
Subang Jaya Medical Centre (formerly known as Sime Darby Medical Centre)
Sunway Medical Centre
The Tun Hussien Onn National Eye Hospital
Tropicana Medical Centre
PENANG
Bagan Specialist Centre
Carl Corrynton Medical Centre (formerly known as Tropicana Medical Centre)
Gleneagles Medical Center
Hope Children Hospital
Hospital Lam Wah Ee
Island Hospital
KPJ Penang Specialist Hospital
Loh Guan Lye Specialists Centre
Mount Miriam Hospital
Pantai Hospital Penang
Penang Adventist Hospital
Tanjung Medical Centre

PANEL HOSPITALS

KEDAH
Kedah Medical Centre
Metro Specialist Hospital
Pantai Hospital Sungai Petani
Putra Medical Centre
PERAK
Apollo Medical Centre
Columbia Asia Hospital Taiping
Hospital Fatimah
Kinta Medical Centre
KPJ Ipoh Specialist Hospital
Larut Medical Centre
Pantai Hospital Ipoh
Perak Community Specialist Hospital
Sri Manjung Specialist Centre
Taiping Medical Centre
PAHANG
Hospital Pakar PRKMUIP
Darul Makmur Medical Centre
KCDC Hospital
Kuantan Specialist Hospital
Kuantan Medical Centre
KELANTAN
Kota Bharu Medical Centre
Perdana Specialist Hospital
TERENGGANU
Kuala Terengganu Specialist Hospital

JOHOR
Century Medical Centre
Columbia Asia Hospital Nusajaya
Kempas Medical Centre
Kluang Utama Specialist Hospital
KPJ Johor Specialist Hospital
Medical Specialist Centre, Wisma Maria
Pantai Hospital Batu Pahat
Pasir Gudang Specialist Hospital
Penawar Hospital
Puteri Specialist Hospital
Putra Specialist Hospital, Batu Pahat
Regency Specialist Hospital
MELAKA
Damai Medical & Heart Clinic
Mahkota Medical Centre
Pantai Hospital Ayer Keroh
Putra Specialist Hospital, Melaka
NEGERI SEMBILAN
Columbia Asia Hospital Seremban
KPJ Seremban Specialist Hospital
NCI Hospital
Senawang Specialist Hospital

SABAH
Damai Specialist Hospital
Rafflesia Medical Centre
Sabah Medical Centre
SARAWAK
Bintulu Medical Centre
Borneo Medical Centre
Columbia Asia Hospital Bintulu
Columbia Asia Hospital Miri
Kuching Specialist Hospital
Miri City Medical Centre
Normah Medical Specialist Centre
Rejang Medical Centre
Sibu Specialist Medical Centre
Timberland Medical Centre

WHERE TO OBTAIN THE LATEST LIST OF PANEL CLINICS / HOSPITALS

Download the latest Panel lists from EMGS website at

www.educationmalaysia.gov.my

**Get Started>Medical Screening and Health
Insurance> Downloadable Forms**

OUTPATIENT CLINICAL

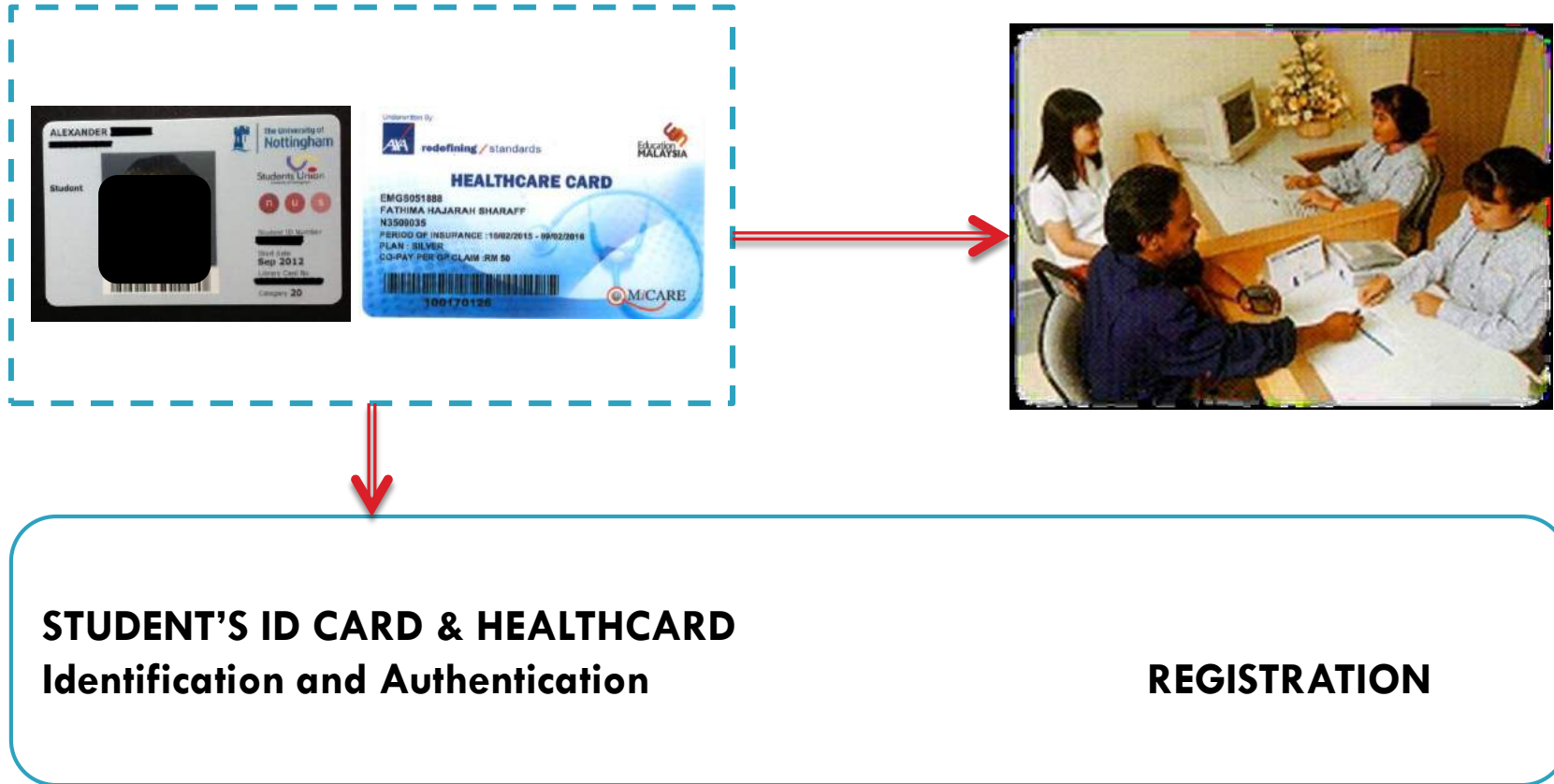
- *Cashless facilities (in excess of RM50 per visit) are available only at panel clinics for consultation services rendered by a General Practitioner (GP) due to sickness and bodily injury.

Note : Refer to the Schedule of Benefits for the maximum annual GP Outpatient limit

- A General Practitioner (GP) clinic is under the conduct of a registered medical practitioner who provides primary care and specializes in family medicine
- A Specialist Clinic is a clinic with in-depth diagnosis or treatment on diseases of specific parts of the body. If a GP refers you to a Specialist AND thereafter you are hospitalized , all the bills will be reimbursable.

Your policy recognizes treatment at General Practitioner (GP) clinics ONLY

OUTPATIENT CLINICAL VISIT (PANEL CLINICS) Verification during Registration





INSURANCE CLAIM PROCEDURES

INSURANCE CLAIM PROCEDURES

Description	Details
Where to get the insurance claim form?	Download the claim form from AXA website at: http://www.axa.com.my/172/en/Claims/Health-Claims
What are the supporting documents required to be submitted together with the insurance claim form?	<ul style="list-style-type: none">• Original receipts• Medical report section in the claim form to be completed by the doctor (only in the event that the claim is RM300 and above)
When to submit insurance claims?	<ul style="list-style-type: none">• Within thirty (30) days of disability
Where to submit insurance claim form and supporting documents?	Completed claim form and relevant documents to be submitted to: AXA Affin General Insurance Berhad Claims Department (EMGS) Level 23, Wisma Goldhill No.67, Jalan Raja Chulan 50200 Kuala Lumpur

CLAIM FORM



For all claims above RM 300, please request the 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"/>			

CLAIM FORM



21. Treatment required:		
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
(b) Anxiety/Mental disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	(f) Cosmetic/Plastic surgery
(c) Self-inflicted/Drugs or Alcohol abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	(g) Routine health screening
(d) STD/AIDS/HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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?
(If no, please provide details)		<input type="checkbox"/> Yes <input type="checkbox"/> No
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:	



THANK YOU

FOR YOUR ATTENTION!