MediAsas Frequently Asked Questions (FAQs)

IMPORTANT NOTES:

- This is the pilot version of Frequently Asked Questions (FAQs) of MediAsas. To ensure consistency with the final industry-wide MediAsas scheduled for launch in January 2027, the benefits, terms and conditions in this pilot version may be revised and updated to align with the final approved MediAsas version.
- The age in this FAQ refers to Age Last Birthday, which means the age attained on your most recent birthday.

Section A: General Information

No.	Questions	Response
1.	What is MediAsas?	MediAsas is a standalone medical plan that is not linked to any investment products. The plan is renewable annually and provides essential coverage for pre-hospitalisation, hospitalisation, post-hospitalisation as well as eligible outpatient treatments, until the Life Assured/Person Covered reaches age 85 years old (age last birthday). There are two options available under MediAsas which are MediAsas Teras and MediAsas Fleksi (or MediAsas Takaful Teras and MediAsas Takaful Fleksi, for the equivalent Takaful products). For more details on the benefits for each plan, please refer to Section B of this FAQ.
2.	Why was this plan introduced?	MediAsas is a key component of the RESET Strategy, a national initiative by Ministry of Health (MOH), Ministry of Finance (MOF) and Bank Negara Malaysia (BNM) and key stakeholders to address medical inflation and strengthen Malaysia's healthcare system, with the aim of: • Enabling more Malaysians to obtain basic protection against essential, high-impact healthcare costs; • Channelling private healthcare spending more efficiently to complement public healthcare services; and • Accelerating progress towards value-based healthcare.
3.	Who should consider MediAsas?	MediAsas is targeted at: • Individuals who do not have any medical insurance/takaful coverage for major medical expenses, but can afford basic private healthcare coverage; and • individuals who are looking for a more affordable option as their existing MHIT plan has become more expensive over time with age.

No.	Questions	Response
4.	What are the key differences between MediAsas and existing medical plans in the market?	MediAsas is designed to make medical insurance and takaful more accessible, affordable and sustainable over time with the following benefits and key features: **Access:** Enables more people to access essential medical treatment at private hospitals through broader eligibility and more affordable coverage. **Value**: Built-in cost control and cost-sharing features to help keep premiums/contributions stable, affordable and sustainable over time **Choice:** Access to MediAsas Preferred In-Network Providers for cashless admission, greater coverage of eligible hospital bills, and lower out-of-pocket costs. **Simple:** A standalone medical insurance/takaful plan with standardised benefits and clear policy/certificate terms, making it easier to understand.

5.	How does MediAsas aim to keep premiums/contributions more sustainable compared to other medical plans?	MediAsas adopts a **standardised and cost-focused design** that includes:
		
		• Defined benefits and limits to control overall coverage costs;
		• Cost-sharing features such as deductibles and co-insurance/co-takaful;
		• Selected preferred and cost-effective network hospitals with lower co-payment;
		• Cost-control mechanisms to reduce unexpected bill variations such as:
		  ○ Diagnosis-Related Group (DRG) based payment
		  ○ Prescribed covered drugs/devices based on effectiveness assessed by MOH
		• Broader risk pooling to spread claims costs across more policyholders/participants.
		
		These features work together to **support affordability** and **better manage premium/contribution increases** over time.

6.	What is Diagnosis-Related Group (DRG) based payment?	Diagnosis-Related Group (DRG) based payment is a method of paying for hospital treatment based on a patient's medical condition and the type of care typically required, rather than paying separately for each test, procedure, or day spent in hospital. Under this approach, a predetermined amount is paid for each treatment category, which encourages hospitals to provide appropriate and efficient care while avoiding unnecessary services or prolonged hospital stays. By promoting greater efficiency and more predictable healthcare costs, DRG helps manage rising medical expenses and supports the long-term affordability and sustainability of health insurance/takaful coverage for all policyholders/participants.

No.	Questions	Response
7.	If a customer is already covered under an employer's benefit scheme or has an existing medical card, can they still participate in MediAsas?	Yes. MediAsas is designed to complement, rather than a replacement to their existing coverage. A customer may still participate in MediAsas even if they are already covered under their employer's benefits or have an existing medical card. They may consider choosing MediAsas Fleksi, which has a higher deductible, to better complement their existing coverage.
8.	Can a customer switch insurers or takaful operators and retain MediAsas coverage?	During the Pilot phase, switching between insurers or takaful operators for MediAsas is not allowed. Further details on switching, including eligibility criteria and requirements, will be provided during the national launch.
9.	If a customer already has a medical card with an insurer/ takaful operator, can they switch their current medical plan to MediAsas with the same insurer or takaful operator?	Yes. A customer may switch from an existing medical plan with the same insurer or takaful operator to MediAsas, subject to the insurer's or takaful operator's terms and conditions, including but not limited to eligibility requirements and underwriting rules. However, during Pilot phase, this option is not available. Further details regarding this will be provided during the national launch.
10.	What is the difference between the Takaful and Conventional MediAsas?	Both the Takaful and Conventional options provide the **same coverage and benefits.** The difference is in how the plans are structured: • **Conventional:** Based on risk transfer, where the insurer assumes the risk; • **Takaful:** Based on mutual contribution, aligned with Shariah principles, where participants mutually support each other. Ultimately, the choice between the two depends on consumer's **individual needs and preferences** as both options offer the same level of protection and benefits.
11.	For Takaful, what is the Shariah concept applied under MediAsas?	For Takaful products, MediAsas is based on the concept of ***Ta'awun*** **(mutual assistance)**. Under the concept, participants contribute to a common fund known as the ***Tabarru'*** **Fund**, which is used to help one another based on mutual assistance. Such contributions are made on a ***Tabarru'at*** **(charitable contribution)** basis and are used to provide mutual assistance among participants in accordance with Shariah principles.
12.	For Takaful, will the customer receive any surplus from MediAsas?	No. Any available surplus in the ***Tabarru'*** **Fund** will be used for the purpose of the risk pooling mechanism as specified by Bank Negara Malaysia, in line with the broader concept of *Ta'awun* (mutual assistance) and the charitable nature of *Tabarru'at*. **Surplus** refers to the excess funds in the *Tabarru'* Fund, including investment profits, after taking into account claims payable and the required reserves.

No.	Questions	Response
13.	Can a customer buy or participate in more than one MediAsas at the same time?	A customer is allowed to hold only one MediAsas (either MediAsas Teras or MediAsas Fleksi) at any one time, across all insurers or takaful operators.
14.	If a policy/certificate is issued under the "pilot version" of MediAsas, can it be amended or migrated to the final MediAsas version later?	Yes. To ensure alignment with the final industry-wide MediAsas product, the insurer or takaful operator may amend, replace or migrate the current policy/certificate to the final approved MediAsas version (or any future standardised version introduced by the industry). Any amendment, replacement or migration may take effect immediately upon written notice to customers. The insurer or takaful operator will ensure that any changes do not result in a material disadvantage to the policyholder/participant in terms of core benefits and coverage, unless such changes are required by regulatory or industry standards. Where changes involve differences in benefits, the insurer or takaful operator will clearly explain what has changed and how it affects the policyholder/participant. Claims arising from events that occur before the effective date of any amendment, replacement or migration will continue to be assessed in accordance with the terms and conditions applicable at the time of occurrence, ensuring continuity of coverage.
15.	Can a customer switch between MediAsas Teras and MediAsas Fleksi after enrolment?	Plan switching is not available during Pilot phase. Details on availability of this option will be provided during the national launch.
16.	Can the customer cancel the policy/certificate after subscribing to MediAsas?	Yes, cancellation is allowed within the 15 days free-look period, during which a full refund of premiums or contributions (less any medical expenses) may be payable. After the free-look period, cancellation is allowed. However, no premium or contribution will be refunded if you discontinue your MediAsas policy/certificate. Upon cancellation, coverage will cease immediately.
17.	Will cancelling MediAsas affect future eligibility?	No. It **does not automatically affect future eligibility**. However, consumers will need to reapply and undergo underwriting again, which may affect the terms of coverage.
18.	What should I do if I require limits or coverage beyond what is offered under MediAsas?	If you require higher limits or broader coverage than what is provided under MediAsas, you may consider purchasing or participating in other medical and health insurance or takaful coverage offered by insurers or takaful operators.

No.	Questions	Response
19.	Where can the customer purchase or participate in MediAsas?	For Pilot, the MediAsas can be enrolled through participating insurers or takaful operators, as follows: (a) AIA Berhad (b) Allianz Life Insurance Malaysia Berhad (c) Etiqa Family Takaful Berhad (d) Great Eastern Life Assurance (Malaysia) Berhad (e) Prudential BSN Takaful Berhad (f) Syarikat Takaful Malaysia Keluarga Berhad
20.	How long will it take for consumers' application to be approved after submission?	Application approval timelines may vary. Consumers will be notified once the assessment has been completed by respective insurers or takaful operators.
21.	What happens if the first premium/contribution payment fails or is delayed?	The onboarding application and coverage will **not be activated** until payment is successfully received. Consumers will be contacted by the respective insurers or takaful operators to resolve the issue.

Section B: Benefits/Coverage

<table>
<tr><th>No.</th><th>Questions</th><th>Response</th></tr>
<tr><td>1.</td><td>What plan and deductible options are available under MediAsas?</td><td>There are two plan options available under MediAsas:

• MediAsas Teras – a standard plan designed to provide affordable and accessible core private healthcare coverage.

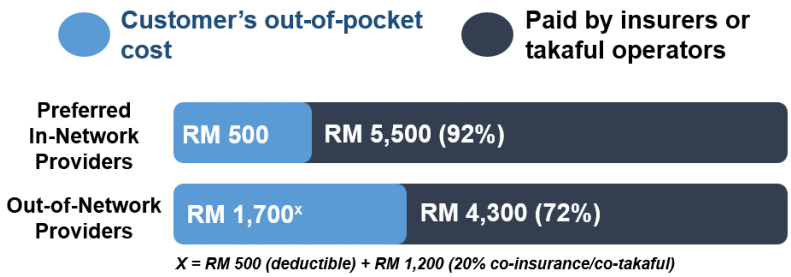
• MediAsas Fleksi – an enhanced plan offering an additional choice for individuals who prefer broader private healthcare coverage while managing their premium costs.

Each plan has a fixed deductible, and the deductible amount depends on the plan type chosen.</td></tr>
<tr><td>2.</td><td>What are the differences between the two available plans?</td><td>The two plans differ in terms of the following:

• Overall Annual Limit
<table><tr><th>MediAsas Teras</th><th>MediAsas Fleksi</th></tr><tr><td><table><tr><th>Attained Age Last Birthday</th><th>Overall Annual Limit</th></tr><tr><td>0 to 59</td><td>RM100,000</td></tr><tr><td>60 and above</td><td>RM150,000</td></tr></table></td><td>RM300,000</td></tr></table>
• Deductible and Co-Insurance/Co-Takaful
<table><tr><th>MediAsas Teras</th><th>MediAsas Fleksi</th></tr><tr><td><u>Preferred In-Network Providers</u><table><tr><th>Attained Age Last Birthday</th><th>Deductible Amount Per Disability</th></tr><tr><td>0 to 59</td><td>RM500</td></tr><tr><td>60 and above</td><td>RM1,000</td></tr></table><u>Out-of-Network Providers</u>
In addition to the Deductible Amount stated above, a twenty percent (20%) Co-Insurance/ Co-Takaful applies, capped at RM3,000 per Disability.</td><td><u>Preferred In-Network Providers</u>
RM10,000 deductible per annum

<u>Out-of-Network Providers</u>
RM15,000 deductible per annum

Co-Insurance/Co-Takaful is not applicable.</td></tr></table></td></tr>
</table>

No.	Questions	Response
3.	How can customers save on out-of-pocket expenses?	Customers can save on out-of-pocket expenses by seeking medical treatment from Preferred In-Network Providers. • "**Preferred In-Network Provider**" refers to hospitals that use resources wisely and meet the required medical standards. Please refer to the Preferred In-Network Providers listing that is applicable for this plan in this FAQ under Section B: Benefits/Coverage, Question 17. • When customers seek treatment from any Preferred In-Network Providers, the claims process will be smoother with the **cashless facility provided**. • At Preferred In-Network Providers, **customers will also pay a lower out-of-pocket cost** and a larger portion of the hospital bill will be covered by insurers or takaful operators. Example: For a hospital bill of RM6,000; 
4.	Are there any situations where the co-payment (deductible and co-insurance/co-takaful) will be waived?	For MediAsas Teras, co-payment (deductible and co-insurance/co-takaful) shall not apply when: • Treatment is sought at a Government Healthcare Facility; • In cases of Emergency Treatment; or • In cases of Outpatient Cancer Treatment. This co-payment waiver is not applicable under MediAsas Fleksi.
5.	What is the difference between a deductible *per year* and *per disability*, and how do they work?	A deductible per disability applies for any period of disability a person experiences that arises from the same cause, including all related complications, except if he/she fully recovers and remains free from further treatment of the disability for at least 90 days after his/her latest date of discharge. This deductible provision applies to MediAsas Teras. A deductible per year applies to all claims within the same policy/certificate year, regardless of the number of medical conditions. The remaining eligible costs will be borne by the insurer or takaful operator for the rest of the year, subject to annual limits. The deductible resets at policy/certificate renewal. This deductible provision applies to MediAsas Fleksi. Please refer to the Sample Scenario on Deductible in Appendix II for more details.

No.	Questions	Response
6.	What is the difference between Preferred In-Network Providers and Out-of-Network Providers?	Preferred In-Network Providers are hospitals and other healthcare providers as may be enlisted from time to time by ProtectHealth Corporation Sdn. Bhd. ("ProtectHealth") or any other entity authorised by the Government of Malaysia, to provide medical services under MediAsas. Out-of-Network Providers are hospitals and other healthcare providers that are not part of the Preferred In-Network Providers.
7.	Will the list of providers be updated from time to time? Where can I find more information on the list of Preferred In-Network Providers?	Yes. The list of Preferred In-Network Providers may be updated from time to time without prior notice reflecting changes in participation, service standards or network arrangements. You can find the latest list of Preferred In-Network Providers in this FAQ under Section B: Benefits/Coverage, Question 17.
8.	Is there a lifetime limit imposed under MediAsas?	No. There is no lifetime limit imposed under MediAsas.
9.	What benefits are provided under MediAsas?	Please refer to the Schedule of Benefits in the Appendix I for more details on the benefits provided.
10.	Is there a maximum limit for the Room & Board (R&B) benefit?	MediAsas does not impose a daily monetary cap on R&B charges. Instead, it adopts a room-sharing design with limitations based on room type (four-bedded or two-bedded depending on availability) to support cost-efficient and sustainable healthcare delivery.
11.	What happens if a shared room is not available at the time of hospital admission?	If a shared room is not available at the time of admission, the hospital will provide a free upgrade to a private room, subject to availability and the terms and conditions of the policy/certificate. However, if the customer is admitted to a Out-of-Network Provider hospital, reimbursement will be limited to the actual daily charge up to the equivalent Sharing Room rate only. Any excess charges arising from the upgraded room shall be borne by the customer.
12.	Can a customer request to voluntarily upgrade to a higher R&B category than a sharing room?	Yes. However, the reimbursement will be limited to the actual daily charge up to the equivalent Sharing Room rate only. Any difference in room and board charges arising from such a voluntary upgrade shall be borne by the customer.
13.	For Outpatient Illness Treatment, does the plan cover consultation fees only, or does it also cover medication cost?	Under the Outpatient Illness Treatment benefit, MediAsas covers consultation fees, diagnostic tests as well as treating medication or fluids and monitoring at outpatient department of hospitals for these conditions: Dengue Fever, Bronchitis, Influenza A & B and Pneumonia/Bronchopneumonia.

No.	Questions	Response
14.	If I do not make any claims under the plan, am I entitled to any additional benefits?	No. MediAsas does not provide any no-claims features. If no claims are made during the coverage period, there are no additional benefits or rewards provided under the plan.
15.	If I surrender/cancel/ terminate my policy or certificate, will I receive any benefits?	No. No premium or contribution will be refunded if you discontinue your MediAsas policy/certificate.
16.	What are the major exclusions under MediAsas?	This plan does not reimburse for charges incurred for any claims directly or indirectly resulting from any of the following medical conditions or situations, and its complications: 1) Pre-existing Conditions; 2) Specified Illness within 120 days from the Risk Commencement Date or reinstatement date, whichever is the later; 3) Any Disability (except for Injury) and its signs or symptoms that appear within thirty (30) days from the Risk Commencement Date or reinstatement date, whichever is the later; 4) Self-inflicted injuries or suicide or attempted suicide, while sane or insane; 5) Injuries or Hospitalisation arising directly or indirectly from injury, sickness, condition, treatment, or expense caused by, arising from, or contributed to or by being under the influence of alcohol, intoxicating liquor, narcotics, controlled drugs, or any substance (whether prescribed or otherwise) that impairs judgment, coordination, or physical, mental, or cognitive capacity. This exclusion includes, but is not limited to: (i) Injuries or Hospitalisation resulting from alcohol consumption, drug abuse, substance misuse, dependency, addiction, withdrawal, or any related complications; and (ii) Any treatment associated with substance abuse or dependency, unless such treatment is expressly covered under this Policy/Certificate; 6) 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; 7) Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste; 8) Sickness or any Injury resulting in loss suffered, as a result of, including any of the following whether directly or indirectly, arising from racing of any kind (except for foot racing), hazardous sports or activities that involve speed, height, high level of physical exertion, highly specialised gear or spectacular stunts such as but not limited to bungee jumping, parachuting, scuba diving, sky-diving, water skiing, underwater activities requiring breathing apparatus, winter sports, Professional Sports and illegal activities. For the avoidance of doubt, “Professional Sports” means engaging in any physical activity in a professional capacity or where the Life Assured/Person Covered would or could earn income or remuneration from engaging in such activity;

No.	Questions	Response
		9) Participation in any form of aviation (except as a fare-paying passenger or crew member on a regular route operated by a licensed commercial airline), or aerial sports such as (but not limited to) skydiving, parachuting, bungee jumping, hang gliding or ballooning; 10) Plastic or Cosmetic surgery and related treatments; 11) Circumcision or any surgery involving the foreskin when performed for ritual, religious, cultural, cosmetic, preventive, or general health purposes, and not for the treatment of a diagnosed medical condition; 12) Refractive eye conditions and procedures. No reimbursement shall be made for any charges incurred for the assessment, treatment, service, medical device, or surgical procedure primarily intended to correct, improve, or modify refractive errors of the eye. This includes, but is not limited to, myopia (near-sightedness), hyperopia (farsightedness), astigmatism, and presbyopia, whether managed through spectacles, contact lenses, or any refractive surgical or laser procedures, including radial keratotomy, PRK, LASIK, LASEK, SMILE, or any similar techniques. This exclusion applies regardless of whether such treatment is elective, cosmetic, preventive, or medically recommended, and includes all related consultations, diagnostic tests, and hospitalisation arising directly or indirectly from such procedures. For cataract surgery, coverage shall be limited to monofocal intraocular lens; 13) Any costs or expenses incurred directly or indirectly in respect of visual correction or refraction, including but not limited to the purchase, supply, fitting, repair or replacement of spectacles, glasses, contact lenses, or intraocular lenses used primarily for refraction correction. This exclusion also applies to eye examinations, vision testing, refraction assessments, and any medical, surgical or laser procedures performed for the correction of refractive errors or visual impairments, including but not limited to myopia (near-sightedness), hyperopia (farsightedness), astigmatism or presbyopia; 14) Dental conditions and dental treatment. No reimbursement shall be made for any charges incurred for Dental Conditions or dental treatment, including treatment provided by a Dentist or dental specialist, or through oral or maxillofacial surgery. This includes, but is not limited to: (i) Routine and preventive dental care (including examinations, scaling, polishing, and fillings): (ii) Treatment of dental caries, periodontal disease, dental infections, abscesses, or conditions of dental origin; (iii) Endodontic treatment (e.g. root canal treatment); (iv) Prosthodontic services such as crowns, bridges, dentures, implants, veneers; (v) Orthodontic treatment (including braces, aligners, and retainers); (vi) Removal of impacted teeth, including wisdom teeth; (vii) Jaw or oral surgery not arising from an Accident; or (viii) Cosmetic or elective dental procedures.

No.	Questions	Response
		Coverage may be allowed only where dental treatment is Medically Necessary solely as a direct result of an Accidental Injury to sound natural teeth; 15) Private nursing care or non-Hospital nursing care (except the covered Home Nursing Care benefit), rest cures, sanitaria care, hospice care and care or treatment that do not lead to a recovery, conservation of Your condition or restoration to Your previous state of health; 16) Any costs or expenses incurred directly or indirectly in respect of venereal diseases or sexually transmitted infections, including but not limited to human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), syphilis, gonorrhoea, chlamydia, genital herpes, human papillomavirus (HPV), or any other sexually transmitted disease or infection, and all sequelae, consequences or complications arising therefrom. 17) Any costs or expenses incurred directly or indirectly in respect of communicable or infectious diseases that are required by law to be isolated, quarantined or notified under any applicable legislation, regulations or orders issued by any governmental or public health authority. This exclusion includes all medical treatment, hospitalisation, isolation, quarantine, observation, screening, testing, preventive measures, and any complications or consequences arising therefrom, whether incurred in a public or private healthcare facility. 18) Congenital Conditions or deformities including Hereditary conditions. 19) Any costs or expenses incurred directly or indirectly including complications in respect of pregnancy or pregnancy-related conditions, including but not limited to childbirth (whether normal, assisted, surgical or otherwise, including caesarean section), antenatal, prenatal or postnatal care, and any conditions arising out of or in connection with pregnancy, childbirth or the puerperium, all complications of pregnancy or childbirth such as miscarriage, ectopic pregnancy, abortion (whether spontaneous, induced or legally permitted), termination of pregnancy, and any medical or surgical treatment relating thereto. Any costs or expenses incurred directly or indirectly for contraceptive methods or procedures for birth control, sterilisation, infertility or subfertility treatments, assisted reproductive techniques, and any complications arising directly or indirectly from such treatments or procedures. 20) Impotence, infertility sterilization, erectile dysfunctions and its complications. 21) Sleep apnea or snoring disorder. 22) Hyperhidrosis. Treatment for Hyperhidrosis is covered only if Medically Necessary, supported by objective clinical evidence, and for clinically significant cases causing functional impairment, complications, or failure of conservative treatment. Diagnosis must be confirmed by the relevant Physician, secondary causes addressed where indicated, and treatment aligned with accepted clinical practice and regulatory requirements. 23) Hormone replacement therapy. 24) Mental or Nervous Disorders. 25) Sex changes. 26) Any costs or expenses incurred directly or indirectly in respect of the procurement, purchase, donation, harvesting, storage, processing,

No.	Questions	Response
		screening, transportation or supply of body parts or organs, human tissues, blood, blood products, plasma or blood derivatives of any kind. This exclusion also includes fees, charges or expenses related to blood donation, blood replacement, blood surety, blood banking services, or any administrative or related costs arising therefrom, whether incurred locally or overseas. 27) Primarily for investigative or preventive purposes, screening, diagnosis, X-rays, scans, general physical or medical examinations that are done routinely or are not incidental to treatment or diagnosis of a Disability, and are not Medically Necessary to be Hospitalised. 28) Stem cell therapy, except hematopoietic blood disorders. 29) Treatments specifically for Weight Management. 30) Of an Experimental, investigational or research nature. 31) Charges for supplements, tonics, vitamins, health products, nutraceuticals or food supplements are not payable under this Policy/Certificate, except where they form part of a Medically Necessary treatment provided during hospitalisation. 32) Any costs or expenses arising from alternative, complementary or traditional medical treatments, including but not limited to chiropractic treatment, acupuncture, acupressure, reflexology, bone-setting, homeopathy (homoeopathy), herbal or traditional remedies, hyperbaric oxygen therapy, massage therapy, aromatherapy, or any other form of alternative or complementary treatment or medicine, whether or not prescribed. 33) External prosthetic appliances or devices such as but not limited to artificial limbs, hearing aids, cochlear apparatus/implant, implantable pacemakers, implantable cardiac defibrillator, or any form of implantable cardiac devices, replacement of battery-depleted devices, neurostimulators, implantable electrodes/leads and prescriptions thereof (Note: External fixators is covered). 34) Items that are not directly related to the medical treatment of the Disability including rental of television, telephones, broadband services, electricity charges, admission/registration/record fee, admission kit/pack. 35) Overseas medical treatment.
17.	What is the list of Preferred In-Network Providers that is available for Pilot?	The **current list of Preferred In-Network Providers** includes: • KPJ Sentosa KL Specialist Hospital • KPJ Tawakkal Specialist Hospital • KPJ Rawang Specialist Hospital • KPJ Kajang Specialist Hospital • Pantai Hospital Klang • Pantai Hospital Cheras • Pantai Hospital Ampang • Bukit Tinggi Medical Centre • Columbia Asia Hospital Klang • Subang Jaya Medical Centre

No.	Questions	Response
		Consumers may still seek treatment from Out-of-Network Providers. However, claims will be processed on a reimbursement basis and applicable co-payment requirements will apply. Please note that the **Preferred In-Network Providers will continue to expand over time** and is not limited to the current list.

Section C: Underwriting/Claims

No.	Questions	Response
1.	Who is eligible to be covered under MediAsas and how long does the coverage last?	MediAsas is available for individuals aged 0 to 70 years. However, during the Pilot phase, applications are open to individuals aged 16 to 70 years only. The plan is renewable annually, with coverage renewable up to age 85. Renewal is guaranteed except under cases stated in the policy/certificate.
2.	If consumers are generally healthy, why should they consider this plan?	Getting covered while healthy helps consumers secure coverage before any future health conditions affect their coverage terms or eligibility
3.	How are Pre-Existing Conditions (PEC) treated under MediAsas?	MediAsas is a fully underwritten product. Applicants are required to disclose all relevant health information through the health questionnaire during the application process. Where an applicant has pre-existing conditions (PEC), depending on the information provided, additional medical evidence or assessments may be required to determine insurability. Claims relating to PEC (i.e., illness, injury or medical conditions that customer already had before coverage starts) will be assessed in accordance with the terms and conditions of the policy/certificate. This includes exclusions and any underwriting terms imposed at policy/certificate issuance.
4.	What do Pre-Existing Conditions (PEC) mean?	A pre-existing condition is an illness, injury, or medical condition that the customer had before his/her coverage started (or before his/her policy/certificate was reinstated). This includes conditions for which he/she: • had received or is receiving treatment; • had sought or been advised to seek medical advice, tests, care or treatment; • had noticeable signs or symptoms; or • reasonably should have been aware of the condition.
5.	What is the moratorium period under MediAsas?	A moratorium period is the period after which the claims cannot be contested on the grounds of non-disclosure or misrepresentation. Under MediAsas, the moratorium period is seven (7) continuous years from the Risk Commencement Date. However, the insurer or takaful operator may reject or contest a claim if: • the insurer or takaful operator establishes that non-disclosure or misrepresentation was fraudulent, deliberate or reckless; or

No.	Questions	Response
		• the claim relates to a **Pre-Defined Medical Conditions** that existed before, or first manifested within 30 days from, the Risk Commencement Date.
6.	Why is it important to declare my health condition accurately when applying for a MediAsas?	It is important to disclose your health condition accurately and completely when applying for a MediAsas. Failure to do so may affect your coverage and could result in claims being delayed or rejected. A full and honest declaration helps ensure your policy or certificate remains valid and that eligible claims can be processed smoothly.
7.	What are the Pre-Defined Medical Conditions?	The following conditions are included in the Pre-Defined Medical Conditions List: • All cancers, including any malignant neoplasms whether active or in remission. • End-stage organ failure and transplant-related conditions namely cardiac, renal, hepatic, pulmonary, pancreatic, hematological failure, and complication related to organ or bone marrow (stem cell) transplantation. • Major cardiovascular conditions namely coronary artery disease (ischaemic heart disease), heart failure, cardiomyopathy, moderate to severe valvular heart disease and infective endocarditis. • Major neurological disorder including Parkinson's disease, epilepsy and chronic seizures, motor neurone disease and multiple sclerosis. • Systemic autoimmune and inflammatory disorder including systemic lupus erythematosus (SLE), rheumatoid arthritis, systemic sclerosis (Scleroderma), dermatomyositis and systemic vasculitis.
8.	Is this plan available to foreigners?	During the Pilot, **MediAsas is only available to Malaysian citizens with a valid MyKad**. MediAsas will be opened to Malaysian Permanent Residents (PR) as well as foreigners residing in Malaysia during the national launch.
9.	Do I need to undergo a medical check-up to participate in this plan?	A medical check-up is usually not required but it is subject to the health conditions disclosed. A medical check-up or additional medical information may be requested if you have any health condition that needs further review. The cost of the medical examination will be borne by the insurer or takaful operator.

No.	Questions	Response
10.	Is there any waiting period before I can start using the medical card?	Yes, the following waiting periods apply: • **30 days**: Any medical or physical conditions arising within the first 30 days from the Risk Commencement Date or reinstatement date of the policy/certificate (whichever is later) are not covered, except for accidental injuries. • **120 days**: Treatment or surgery for Specified Illnesses is subject to a 120-day waiting period from the Risk Commencement Date or reinstatement date of the policy/certificate, whichever is later.
11.	How can I make a claim under MediAsas?	To ensure a smooth and hassle-free claims experience, take time to understand your coverage, eligibility and claims process before seeking treatment, where possible. **A. If you seek treatment at a Preferred In-Network hospital, you can benefit from cashless facilities, where the insurer or takaful operator pays the eligible hospital expenses directly.** To facilitate a smooth admission process: • Check whether your preferred hospital is part of the MediAsas network. • Confirm with your doctor, hospital, agent or insurer/ takaful operator that your planned treatment is covered under the plan. • Present your MediAsas e-medical card during registration. Once you have received your Initial Guaranteed Letter, you can proceed with admission • Review your final hospital bill and final Guaranteed Letter carefully before discharge. • Pay any amounts not covered under the plan, where applicable. **B. For treatment at hospitals Out of Network Providers, you may need to pay first and submit a reimbursement claim to your insurer/takaful operator.** In such cases: • Review your hospital bill for accuracy. • Pay the hospital charges upfront. • Submit your claim together with the required supporting documents, such as itemised bills and medical reports. **Under both type of claims under A and B above, please note that you may still be responsible for certain out-of-pocket costs, where applicable, including deductibles, co-payments, or charges not covered under your policy/ certificate.** If you need further assistance, please contact your agent, insurer/takaful operator or the hospital's admission counter.
12.	Can I claim for a medical treatment received outside Malaysia?	No. All benefits provided under MediAsas is only applicable in Malaysia.

No.	Questions	Response
13.	Will the payment be based on cashless basis or “Pay and Claim” basis?	Medical expenses incurred at Preferred In-Network Providers can generally be settled through cashless facilities. For treatment at Out-of-Network Providers, you may be required to pay first and subsequently submit a claim for reimbursement ("Pay and Claim").
14.	Is a Guarantee Letter (GL) facility provided under MediAsas?	Yes, a Guarantee Letter (GL) facility is available under MediAsas for Preferred In-Network Providers. However, pre-authorisation requirements apply, and approval is subject to the assessment and policy/certificate terms.
15.	How can customers request for a Guarantee Letter (GL)?	Customers can request for a Guarantee Letter (GL) by submitting a pre-authorisation request through the Preferred In-Network Providers.
16.	What happens if a Guarantee Letter (GL) is not issued? Can consumers still submit a claim?	If a GL is not issued, consumers may still **proceed to seek treatment and submit a claim under a pay-and-claim basis** subject to the policy/certificate terms and conditions. The consumer will need to pay the expenses upfront.
17.	Is it compulsory for customers to visit a clinic first before seeking further treatment?	No, it is not compulsory to visit a clinic first. However, for non-emergency and less severe conditions, customers are encouraged to start treatment at a clinic for better-coordinated care before going to a hospital. The cost of General Practitioner (GP) referral for hospitalisation is covered under MediAsas. This includes the consultation and/or treatment provided, including investigation and tests which are performed for diagnostic purposes within 30 days preceding hospitalisation.
18.	How long does it typically take for a claim to be processed and paid?	Claim processing time may vary depending on the completeness of documents and the type of claim.
19.	What documents are required when submitting a claim and how do I view my claims status?	Required documents may vary depending on the type of claim, but usually include completed claim forms, medical bills and supporting medical reports. Customers can view their claims status through the insurer’s or takaful operator’s official channels once the claim is submitted.
20.	What happens if documents are missing or submitted late during the claims process?	Claims processing **may be delayed** until all required documents are submitted. Consumers will be notified by the hospital or insurer/takaful operator to provide the necessary information before the claim can be processed.
21.	Can I change hospitals during an ongoing treatment at hospital?	Yes, you may change hospitals during ongoing treatment. However, this is not recommended and is subject to approval and policy/certificate terms. If you change hospitals or doctors, your co-payment waiver entitlement (if applicable) will be reviewed again and may no longer apply.

No.	Questions	Response
22.	Can I appeal or dispute a claims decision?	Yes, customers may appeal or dispute a claims decision by submitting a request together with relevant supporting documents, subject to the insurer's or takaful operator's review process, which may include referral to the Financial Markets Ombudsman Service (FMOS) or BNM's Laman Informasi Nasihat dan Khidmat (BNMLINK), where applicable.
23.	Will I be informed in advance if a treatment exceeds my coverage limit?	Customers will generally be informed if a treatment is expected to exceed the coverage limit, subject to the hospital's and insurer's/takaful operator's notification process.
24.	What happens if false or incomplete information is provided during application or claims?	If false or incomplete information is provided, the application or claim may be rejected, delayed or subject to further action in accordance with the terms and condition of the policy/certificate.
25.	Does making claims affect my future premiums/contributions?	MediAsas does not adjust premiums/contributions based on an individual's claims. Any changes are made based on the overall performance and sustainability of the MediAsas portfolio.

Section D: Premium/Contributions and Fees/Charges

No.	Questions	Response
1.	Are the premiums/contributions for MediAsas guaranteed?	No. The premiums/contributions for this plan are not guaranteed and the insurer or takaful operator reserves the right to revise the premium/contribution by giving a written notice of at least 30 days prior to the policy/certificate anniversary date.
2.	Will my premium/contribution increase as I get older?	The premiums/contributions payable will change based on your attained age.
3.	What is the payment term and mode of payment for MediAsas?	Premiums/contributions are payable until the end of the coverage period, once the Life Assured or Person Covered attains age 85. Premiums/contributions can be paid monthly.
4.	Are premiums/contributions paid for this plan eligible for income tax relief?	Yes, the premiums/contributions paid for this plan may qualify for personal tax relief, subject to the final decision of the Inland Revenue Board of Malaysia.
5.	What fees and charges need to be paid under MediAsas?	For insurance product, there are no additional fees and charges other than the premium amount. Commissions payable to intermediaries (if any) are already included in the premium. For Takaful products, an **Upfront *Wakalah* Charge** will be deducted from the contribution, which includes Commissions payable to intermediaries (if any) and management expenses. Please refer to the Product Disclosure Sheet for the actual charges applicable.
6.	What happens if I stop paying my premium/contribution?	You will be given a 30-day grace period from the due date to make the payment. If any claims occur during this period, the coverage will remain valid and effective, but the outstanding premium/contribution must be paid in full before the insurer or takaful operator settles the claim. If the premium or contribution is still not paid after this period, your policy/certificate will lapse and your coverage will stop.
7.	If my policy/certificate lapsed, can it be reinstated later?	Yes. If the policy or certificate has lapsed due to non-payment of premium or contribution, you may apply to reinstate it within ninety (90) days from the date of lapse without evidence of assurability/coverability (i.e. not subjected to re-underwriting). However, payment of any overdue premium or contribution will be required and waiting periods will apply.
8.	Will MediAsas be subject to future medical repricing?	Yes. MediAsas may be subject to future medical repricing, in line with changes in medical costs, claims experience and regulatory requirements. Any repricing activity shall be communicated through a written notice of at least 30 days prior to the policy/certificate anniversary date.

APPENDIX

Appendix I – Schedule of Benefits

<table>
<tr><th>Description</th><th>MediAsas Teras</th><th>MediAsas Fleksi</th></tr>
<tr><td>Overall Annual Limit</td><td>Benefits payable in respect of Eligible Expenses incurred for treatment provided to the Life Assured/Person Covered shall be limited to Overall Annual Limits as specified below:

<table><tr><th>Attained Age Last Birthday</th><th>Overall Annual Limit</th></tr><tr><td>0 to 59</td><td>RM100,000</td></tr><tr><td>60 and above</td><td>RM150,000</td></tr></table></td><td>Benefits payable in respect of Eligible Expenses incurred for treatment provided to the Life Assured/Person Covered shall be limited to Overall Annual Limit of RM300,000.</td></tr>
<tr><td>Overall Lifetime Limit</td><td colspan="2">No Limit</td></tr>
<tr><td>Co-Payment (Deductible and Co-Insurance/Co-Takaful)

The Co-Payment applies to all items under the Inpatient Benefits and Outpatient Benefits below, unless we specifically state otherwise.</td><td><u>Preferred In-Network Providers</u>

<table><tr><th>Attained Age Last Birthday</th><th>Deductible Amount per Disability</th></tr><tr><td>0 to 59</td><td>RM500</td></tr><tr><td>60 and above</td><td>RM1,000</td></tr></table>
<u>Out-of-Network Providers</u>
In addition to the Deductible Amount stated above, a twenty percent (20%) Co-Insurance/Co-Takaful applies, capped at RM3,000 per Disability.

Co-Payment (Deductible and Co-Insurance/Co-Takaful) shall not apply under the following circumstances:

(a) Treatment sought at a Government Healthcare Facility;
(b) In cases of Emergency Treatment; and
(c) In cases of Outpatient Cancer Treatment.

Note: The Co-Payment waiver is applicable for MediAsas Teras only.</td><td><u>Preferred In-Network Providers</u>

RM 10,000 Deductible per annum

<u>Out-of-Network Providers</u>

RM 15,000 Deductible per annum</td></tr>
<tr><td>Co-Insurance / Co-Takaful for Cancer Drugs (both Inpatient and Outpatient)</td><td colspan="2">In addition to the Co-Payment stated above, Co-Insurance/Co-Takaful may be applied up to 20% on the cost of specified cancer drugs according to the Cancer Drug List. The corresponding Co-Insurance/Co-Takaful amount shall be published by the Oversight Authority.

This Co-Insurance/Co-Takaful will be waived until the Cancer Drug List is established and published for this plan.</td></tr>
</table>

Inpatient Benefits	
1. Hospital Room & Board (Subject to a maximum of 150 days per Disability)	As charged for sharing room, subject to Overall Annual Limit.
2. Intensive Care Unit (ICU) (Subject to a maximum of 90 days per Disability)	As charged, subject to Overall Annual Limit.
3. Hospital Supplies & Services	
4. Surgical Fees	
5. Anaesthetist Fees	
6. Operating Theatre Fees	
7. Ambulance Fees	
8. In-Hospital Physician Visit (Subject to a maximum of 2 visits per day)	
Outpatient Benefits	
9. Day Surgery	As charged, subject to Overall Annual Limit.
10. Pre-Hospitalisation Treatment (Within 30 days prior to Hospitalisation) • Consultation • Diagnostic tests • Medication and treatment	
11. Post-Hospitalisation Treatment (Within 90 days after discharge from Hospital) • Medication and treatment • General practitioner or specialist follow-up	
12. Post-Hospitalisation Outpatient Physiotherapy Treatment (Within 90 days after discharge from Hospital)	As charged, up to RM200 per session, subject to maximum of 10 sessions per Disability and Overall Annual Limit.
13. Post-Hospitalisation Home Nursing Care (Subject to a maximum of 90 days per lifetime)	As charged, up to RM3,000 per year, subject to Overall Annual Limit.

14. Outpatient Cancer Treatment	As charged, subject to Overall Annual Limit.	
	MediAsas Teras	**MediAsas Fleksi**
15. Outpatient Illness Treatment (limited to Outpatient Department of Hospitals) • Dengue Fever • Influenza A • Influenza B • Bronchitis • Pneumonia / Bronchopneumonia	As charged, up to RM3,000 per year, subject to RM50 Deductible per Outpatient visit and Overall Annual Limit.	As charged, up to RM3,000 per year, subject to RM10,000 or RM15,000 Deductible per annum and Overall Annual Limit.

Appendix II – Sample Scenario on Deductible

MediAsas Teras

Adam, age 30, opts for MediAsas Teras as his first medical coverage.

In January 2027, Adam is required to undergo a medical procedure. Adam decided to get admitted to one of the **Preferred In-Network Providers**.

Medical Bill
RM50,000
Deductible paid by Adam
RM500
Paid by Insurer/Takaful Operator
RM49,500

In May 2027, Adam is hospitalized due to Dengue Fever. Adam again decided to get admitted to one of the **Preferred In-Network Providers**.

Medical Bill
RM20,000
Deductible paid by Adam
RM500
Paid by Insurer/Takaful Operator
RM19,500

Since Adam is hospitalized due to a different illness/disability, he is required to pay the RM500 deductible again.

MediAsas Fleksi

Mei Ling, age 30, opts for MediAsas Fleksi as a supplementary medical coverage to her Employee Benefit Scheme.

In January 2027, Mei Ling is required to undergo a medical procedure. Mei Ling decided to get admitted to one of the **Preferred In-Network Providers**.

Medical Bill
RM50,000
Paid by Employee Benefit Scheme
RM10,000
Deductible paid by Mei Ling
RM0
Paid by Insurer/Takaful Operator
RM40,000

In May 2027, Mei Ling is hospitalized due to Dengue Fever. Mei Ling again decided to get admitted to one of the **Preferred In-Network Providers**.

Medical Bill
RM20,000
Deductible paid by Mei Ling
RM0
Paid by Insurer/Takaful Operator
RM20,000

As the deductible under MediAsas Fleksi is applied on a per annum basis, Mei Ling does not need to pay anything out of pocket for hospitalization arising from the same or a different illness/disability within the same policy/certificate year.