

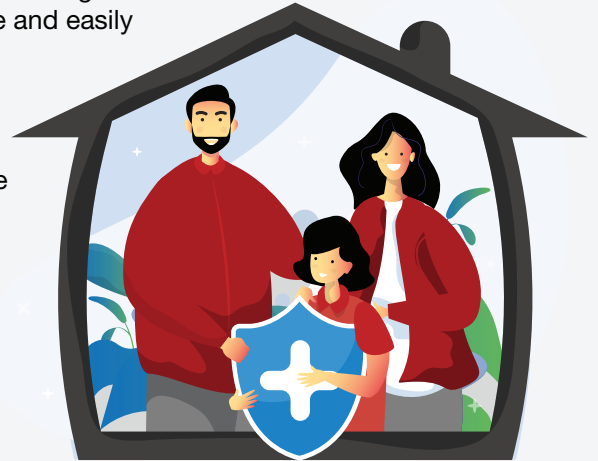
eMedic Plus

Medical protection at the end of your thumb

Malaysia's favourite online medical card just got a serious upgrade! Introducing eMedic Plus, a standalone online medical card that ensures you have affordable and easily accessible protection against the rising costs of medical fees.

eMedic Plus is available for those aged between 15 days and 55 years old. There are 4 plans to choose from, with Annual Limit of up to RM150,000, renewable up to age 80. This plan is great for you if you are looking for your first medical card or supplementary medical protection for your existing plan.

eMedic Plus also comes with Family Plan! Get yourself and your family protected with 5% premium discount, from as low as RM33 per month!



Key Benefits of eMedic Plus

1 Hassle-Free Online Application

Get protected with **eMedic Plus** directly online, it's commission-free and no intermediaries involved. Instant approval by just answering a few health-related questions. No medical examination is required.

3 No Lifetime Limit

Some of the best things in life are unlimited! Rest assured that there will be **no limit** to your medical coverage up to age 80.

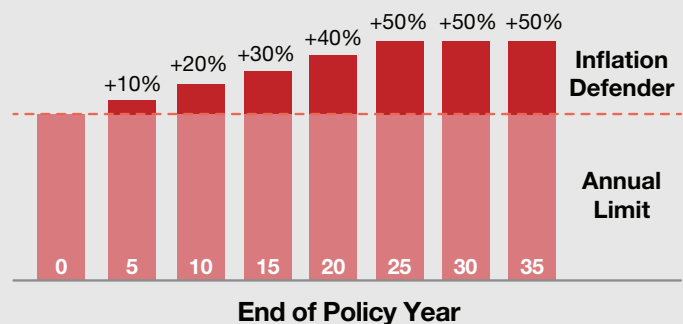
4 Unlimited Days on Room & Board

Recover at your own pace. Enjoy flexibility with no limitation on days for room and board accommodation, with a daily room limit of RM250!

2

Inflation Defender

Annual Limit for your plan will increase automatically over the years, up to a total of **150%** of the initial Annual Limit, to protect you from future medical inflation!



Terms and conditions apply.

Member of PIDM

The benefit(s) payable under eligible product is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Generali Life Insurance Malaysia Berhad or PIDM (visit www.pidm.gov.my).

Key Benefits of eMedic Plus



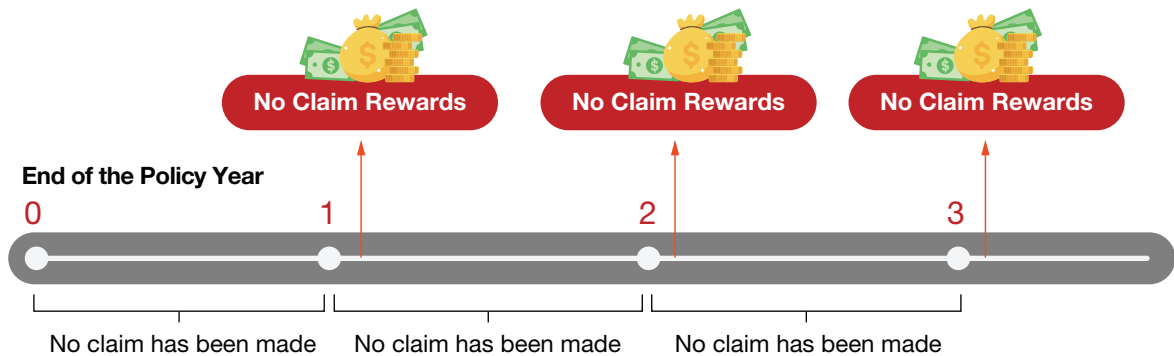
5 Daily Allowance for Hospitalisation

Receive daily allowance up to RM150, maximum up to 30 days per policy year.

If you are hospitalised	Daily Allowance
Due to an accident	RM50
In intensive care unit	RM100
In intensive care unit due to accident	RM150

6 No Claim Rewards

Staying healthy is rewarding! Enjoy a lump sum reward up to RM60 at the end of each policy year if no claim has been made for that policy year.



7 Affordable Premium

Get additional **5%** premium discount when you choose annual premium payment mode. Enjoy more savings when you choose the Deductible option.

8 Cashless Admission at Panel Hospital

Convenience when you need it the most. Get quick access to medical care by just presenting your online medical card for hospital admission.

9 Family Plan

Purchase eMedic Plus together with your family and get a **5%** premium discount.

Schedule of Benefits

BENEFIT	Plan 150	Plan 100	Plan 50	Plan 20
Annual Limit (applicable to Section A and B)	RM150,000	RM100,000	RM50,000	RM20,000
Inflation Defender	Annual Limit will be increased by 10% of the initial Annual Limit at the end of every 5 policy years starting from the policy issue date, subject to a maximum of 50% of the initial Annual Limit.			
Lifetime Limit	No limit			
Deductible Limit per Hospitalisation (applicable to Section A and B)	RM0 or RM1,000			
Section A In-Patient and Surgical Benefit				
1. Hospital Room and Board (daily maximum)	RM250			
2. Intensive Care Unit	As charged			
3. In-Patient Related Fees (a) Hospital Supplies and Services (b) Surgical Fees (c) Anaesthetist Fees (d) Operating Theatre (e) Prescribed Medicines (f) Diagnostic Procedures and Physiotherapy (g) Physician/Specialist Visit (up to 2 visits per day per Physician/ Specialist)	As charged			
4. Ambulance Fees	As charged			
5. Daily Allowance for Hospitalisation due to Accident	RM50 per day, up to 30 days per policy year			
6. Daily Allowance for Hospitalisation in Intensive Care Unit	RM100 per day, up to 30 days per policy year			
Section B Out-Patient Benefit				
7. Daycare Surgical Procedure				
8. Consultations and Diagnostic Procedures (including medication) (up to 3 times and within 31 days before Hospitalisation)				
9. Post Hospitalisation Care and Physiotherapy Treatment (within 60 Days from Hospital discharge)	As charged			
10. Emergency Accidental Treatment (up to 3 times per Any One Disability)				
Section C Special Benefit				
11. No Claim Rewards	RM60	RM50	RM30	RM20

Notes:

- If you are hospitalised at a room with higher Room and Board rate than your eligible benefit, you shall pay the difference in the Room and Board rate.
- Daily Allowance for Hospitalisation in Intensive Care Unit is payable in addition to the Daily Allowance for Hospitalisation due to Accident.

Premium Rates

Individual Plan Without Deductible

Attained Age	Plan 150		Plan 100		Plan 50		Plan 20	
	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)
0 - 5	101.66	1,159.00	99.47	1,134.00	92.98	1,060.00	85.35	973.00
6 - 15	56.66	646.00	55.08	628.00	51.92	592.00	47.63	543.00
16 - 19	56.66	646.00	55.08	628.00	51.92	592.00	47.63	543.00
20 - 24	58.15	663.00	55.17	629.00	52.01	593.00	48.85	557.00
25 - 29	58.15	663.00	55.17	629.00	52.01	593.00	48.85	557.00
30 - 34	61.84	705.00	58.94	672.00	55.70	635.00	52.01	593.00
35 - 39	62.98	718.00	59.99	684.00	56.75	647.00	53.06	605.00
40 - 44	77.19	880.00	73.50	838.00	69.21	789.00	64.91	740.00
45 - 49	128.59	1,466.00	123.24	1,405.00	117.80	1,343.00	108.06	1,232.00
50 - 54	181.31	2,067.00	172.89	1,971.00	163.15	1,860.00	152.36	1,737.00
55 - 59	334.29	3,811.00	320.87	3,658.00	302.45	3,448.00	280.87	3,202.00
60 - 64	480.78	5,481.00	460.08	5,245.00	434.20	4,950.00	404.03	4,606.00
65 - 69	723.68	8,250.00	692.36	7,893.00	653.41	7,449.00	608.15	6,933.00
70 - 74	723.68	8,250.00	692.36	7,893.00	653.41	7,449.00	608.15	6,933.00
75 - 79	723.68	8,250.00	692.36	7,893.00	653.41	7,449.00	608.15	6,933.00

Individual Plan With Deductible

Attained Age	Plan 150		Plan 100		Plan 50		Plan 20	
	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)
0 - 5	73.06	833.00	72.45	826.00	65.96	752.00	62.71	715.00
6 - 15	40.78	465.00	39.99	456.00	36.75	419.00	34.64	395.00
16 - 19	40.78	465.00	39.99	456.00	36.75	419.00	34.64	395.00
20 - 24	41.75	476.00	40.35	460.00	38.24	436.00	34.99	399.00
25 - 29	41.75	476.00	40.35	460.00	38.24	436.00	34.99	399.00
30 - 34	44.56	508.00	42.45	484.00	40.35	460.00	37.19	424.00
35 - 39	44.99	513.00	43.33	494.00	40.70	464.00	37.54	428.00
40 - 44	55.52	633.00	53.06	605.00	49.82	568.00	46.57	531.00
45 - 49	92.54	1,055.00	89.21	1,017.00	83.24	949.00	76.75	875.00
50 - 54	130.35	1,486.00	125.43	1,430.00	118.85	1,355.00	108.06	1,232.00
55 - 59	240.26	2,739.00	227.98	2,599.00	214.99	2,451.00	199.91	2,279.00
60 - 64	345.70	3,941.00	333.33	3,800.00	314.73	3,588.00	287.36	3,276.00
65 - 69	520.26	5,931.00	500.52	5,706.00	471.92	5,380.00	431.05	4,914.00
70 - 74	520.26	5,931.00	500.52	5,706.00	471.92	5,380.00	431.05	4,914.00
75 - 79	520.26	5,931.00	500.52	5,706.00	471.92	5,380.00	431.05	4,914.00

Family Plan Without Deductible

Attained Age	Plan 150		Plan 100		Plan 50		Plan 20	
	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)
0 - 5	96.66	1,102.00	94.56	1,078.00	88.33	1,007.00	81.14	925.00
6 - 15	53.85	614.00	52.36	597.00	49.38	563.00	45.26	516.00
16 - 19	53.85	614.00	52.36	597.00	49.38	563.00	45.26	516.00
20 - 24	55.26	630.00	52.45	598.00	49.47	564.00	46.49	530.00
25 - 29	55.26	630.00	52.45	598.00	49.47	564.00	46.49	530.00
30 - 34	58.77	670.00	56.05	639.00	52.98	604.00	49.47	564.00
35 - 39	59.91	683.00	57.01	650.00	53.94	615.00	50.43	575.00
40 - 44	73.33	836.00	69.91	797.00	65.78	750.00	61.66	703.00
45 - 49	122.19	1,393.00	117.10	1,335.00	111.92	1,276.00	102.71	1,171.00
50 - 54	172.28	1,964.00	164.29	1,873.00	154.99	1,767.00	144.82	1,651.00
55 - 59	317.63	3,621.00	304.91	3,476.00	287.36	3,276.00	266.84	3,042.00
60 - 64	456.75	5,207.00	437.10	4,983.00	412.54	4,703.00	383.85	4,376.00
65 - 69	687.54	7,838.00	657.80	7,499.00	620.78	7,077.00	577.80	6,587.00
70 - 74	687.54	7,838.00	657.80	7,499.00	620.78	7,077.00	577.80	6,587.00
75 - 79	687.54	7,838.00	657.80	7,499.00	620.78	7,077.00	577.80	6,587.00

Family Plan With Deductible

Attained Age	Plan 150		Plan 100		Plan 50		Plan 20	
	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)
0 - 5	69.47	792.00	68.85	785.00	62.71	715.00	59.64	680.00
6 - 15	38.77	442.00	38.07	434.00	34.99	399.00	32.98	376.00
16 - 19	38.77	442.00	38.07	434.00	34.99	399.00	32.98	376.00
20 - 24	39.73	453.00	38.33	437.00	36.40	415.00	33.33	380.00
25 - 29	39.73	453.00	38.33	437.00	36.40	415.00	33.33	380.00
30 - 34	42.36	483.00	40.35	460.00	38.33	437.00	35.35	403.00
35 - 39	42.80	488.00	41.22	470.00	38.68	441.00	35.70	407.00
40 - 44	52.80	602.00	50.43	575.00	47.36	540.00	44.29	505.00
45 - 49	87.98	1,003.00	84.82	967.00	79.12	902.00	72.98	832.00
50 - 54	123.85	1,412.00	119.21	1,359.00	112.98	1,288.00	102.71	1,171.00
55 - 59	228.33	2,603.00	216.66	2,470.00	204.29	2,329.00	189.99	2,166.00
60 - 64	328.41	3,744.00	316.66	3,610.00	299.03	3,409.00	273.06	3,113.00
65 - 69	494.29	5,635.00	475.52	5,421.00	448.33	5,111.00	409.56	4,669.00
70 - 74	494.29	5,635.00	475.52	5,421.00	448.33	5,111.00	409.56	4,669.00
75 - 79	494.29	5,635.00	475.52	5,421.00	448.33	5,111.00	409.56	4,669.00

Notes:

- The payment of premium can be made either monthly or annually. The premium payable will be based on your age and selected plan.
- The premium rates for age 40 - 79 are for renewal only, for plan without deductible. Whereas, the premium rates for age 56 - 79 are for renewal only, for plan with deductible.
- Premiums are 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.
- The premiums paid for this plan may qualify you for income tax relief subject to the provisions of the Income Tax Act and Inland Revenue Board.

Frequently Asked Questions

1. What is eMedic Plus?

eMedic Plus is a non-participating yearly renewable regular premium standalone medical plan which provides medical coverage up to age 80.

2. Who can be insured under eMedic Plus?

Individual aged between 15 days to 55 years old.

3. How can I sign up for eMedic Plus?

You can purchase this product via our corporate website.

4. When does the cover begin?

The coverage begins immediately after the plan 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.

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.

5. Are there any exclusions applicable to the plan?

This plan 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, intraocular lens (except monofocal intraocular lenses in cataract Surgery), 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;
- 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 (This exclusion does not apply to any Hospitalisation, Surgery, charges incurred or death, whichever is applicable, due to Coronavirus Disease (COVID-19));
- 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 gender 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;
 - 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:
 - 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 occurrence of Accident or Surgery;
 - it is done at a medically appropriate stage after the Accident or Surgery; and
 - We agree, in writing, to the cost of the treatment before it is done.



This leaflet contains only general information about the product and does not in any way represent a policy. For a detailed description of the terms and conditions and exclusions of the product please refer to the policy contract.

This insurance plan is underwritten by Generali Life Insurance Malaysia Berhad 200601003992 (723739-W), a company licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.