

Frequently Asked Questions (FAQ) – Z-MedProtect / Z-MedProtect Takaful

1. What is this product about?

This is a comprehensive Z-MedProtect policy / Z-MedProtect Takaful certificate that provides coverage for hospitalisation and surgical expenses incurred due to illnesses covered under this policy/certificate. It also provides coverage in the event of bodily injuries, disablement or death that happens unexpectedly.

2. What are the covers/benefits provided by this product?

Schedule of Benefits

Benefits	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Overall Annual Limit (RM) (for Section A & Section B)	100,000	300,000	500,000	1,000,000	2,000,000
No Claim Bonus	Reduction of 10% on renewal premium (if no claims made)				
Section A – Inpatient & Daycare Benefits					
Hospital Room & Board (RM)	100	150	180	200	500
	(maximum 365 days per annum)				
Intensive Care Unit	As Charged				
	(maximum 180 days per annum)				
Hospital Supplies & Services	As Charged				
Daycare Procedures	As Charged				
Surgical Fees	As Charged				
Anaesthetist's Fee	As Charged				
Operating Theatre Fee	As Charged				
In-Hospital Physician Visit	As Charged				
	(unlimited)				
Ambulance Fees	As Charged				
Daily-Cash Allowance At Government Hospital (RM)	100				
	(maximum 365 days per annum)				
Insured Child's Daily Guardian Benefit (RM)	250				
	(maximum per disability)				
Medical Report Fees (RM)	150				
Organ Transplant (Heart, Kidney, Lung, Liver or Bone Marrow)	As Charged				
Tax on Eligible Expenses	As Charged				
Section B – Outpatient Benefits					
Pre-Hospital Diagnostic Tests	As Charged				
	(within 60 days prior to hospitalisation)				
Pre-Hospital Specialist Consultation	As Charged				
	(within 60 days prior to hospitalisation)				
Post Hospitalisation Treatment	As Charged				
	(within 90 days from hospitalisation)				
Emergency Accidental Outpatient Treatment	As Charged				
	(within 24 hours and follow-up treatment to a maximum of 60 days)				
Outpatient Physiotherapy Treatment	As Charged				
	(within 90 days from discharge)				
Outpatient Kidney Dialysis Treatment	As Charged				
Outpatient Cancer Treatment	As Charged				
Emergency Accidental Outpatient Dental Treatment (RM)	4,000 (per accident)				
Home Nursing Care (RM)	4,000				

	(up to 180 days, lifetime maximum)				
Second Surgical Opinion	As Charged				
Section C - Special Benefits (Additional limit on top of the Overall Annual Limit)					
Accidental Death and Permanent Disablement (RM)	50,000				
International Emergency Medical Evacuation and Repatriation (RM)	50,000				
	(maximum per annum)				
Funeral Expenses (all causes) (RM)	2,000				
Section D – Optional					
Deductible (per Any One Disability) (applicable for Section A only)	Options	A	B	C	D
	Deductible Amount	RM 0	RM 5,000	RM 10,000	RM 20,000
	Premium Discount	0%	15%	30%	50%

3. Who is eligible for this product?

- You must be at least thirty (30) days old to sixty five (65) years old, and renewable up to one hundred (100) years old. All ages refer to the age at the Insured Person's/Person Covered's next birthday.
- You must be a Malaysian, or foreigner who has a valid work permit, student permit, permanent resident status or Malaysia My Second Home (MM2H) status.
- Occupation Class 1, 2 and 3 only.

4. What are key features?

We have some exciting key features for this new individual medical product.

- Guaranteed renewable up to 100 years old (age next birthday).
- No Claim Bonus – reduction of 10% on renewal premium/contribution if no claims made on preceding year.
- Multiple Insured Person Discount / Multiple Person Covered Discount – get up to 10% discount on premium/contribution if you purchase/participate a policy/certificate with more than 2 family members. Family members shall mean your legal spouse(s), parents and child(ren).
- Deductible Option available to allow you to manage your medical expenses and enjoy premium/contribution discount up to 50%.
- Unlimited In-Hospital Physician Visits while you are focusing on recovery.
- Comprehensive Medical + Personal Accident coverage.

5. How much premium / contribution do I have to pay / make?

The total premium / contribution you have to pay / make depends on the plan you have selected. All premium/contribution and fees may be subject to tax or other government levies. The annual premium/contribution is applicable to standard risks and occupation classes 1 and 2 only. For occupation class 3, 15% loading is applicable. Please refer to "Z-MedProtect Annual Premium Table Sheet" / "Z-MedProtect Takaful Annual Contribution Table Sheet".

6. How does the discount mention in key features works?

Kindly refer to below illustration for detailed calculation.

Sample Premium / Contribution calculation

Example 1:

Lee is a 40 years old manager, a new customer to us, and wish to purchase/participate Plan 4. He is a non-smoker, with occupation class 1, and opt for no deductible.

Total premium payable = RM 1,207 + RM 10 Stamp Duty
= RM 1,217

He would like to know what is the total premium payable if he chooses Deductible Option (C) - RM 10,000.

Total premium payable = RM 1,207 – (RM 1,207 x 30%) + RM 10 Stamp Duty
= RM 1,207 – RM 362.10 + RM 10 Stamp Duty
= RM 854.90

Sample Claims calculation

Example 1:

Wong has a Z-MedProtect policy of Plan 5 with us, with Deductible Option (B) - RM 5,000. She is involved in a heart disease surgery and incurred total eligible expenses amounting to RM 57,894.53.

We will reimburse the total eligible expenses accumulated per any one disability, in excess of the deductible amount.

Section	Eligible Expenses (RM)
Section A - Inpatient & Daycare Benefits	51,342.76
Less Deductible Option (B) - RM 5,000 (applicable for Section A only)	5,000.00
Eligible Expenses after Deductible	46,342.76
Section B - Outpatient Benefits	6,551.77
Section C - Special Benefits	Nil
Total Eligible Expenses	57,894.53
Z-MedProtect pays	52,894.53
Wong pays	5,000.00

7. Is the premium/contribution guaranteed?

The premiums/contributions for insurance/takaful under this policy/certificate are not guaranteed and shall be based on the premium/contribution rates in force at the time of renewal. Premiums are payable/contributions are to be made at the premium/contribution rate according to each member's age next birthday on each policy/certificate year anniversary. We shall have the right to change the rate at which premiums/contributions shall be calculated, at the start of any policy/certificate year, provided that we notify the policyholder/certificate holder at least thirty (30) days in advance of the date such premium/contribution is due.

We reserve the right to cancel the portfolio as a whole if we decide to discontinue underwriting this insurance/takaful product. Cancellation of the portfolio as a whole shall be given by reasonable written notice in advance with valid reasons to the policyholder/certificate holder and we will run off all policies/certificates to expiry of the period of cover within the portfolio.

8. How long is my duration of cover?

The duration of cover is for one (1) year. You need to renew your insurance / takaful cover annually.

9. Can a family buy/participate Z-MedProtect / Z-MedProtect Takaful for all family members in one (1) single policy / certificate? If yes, how should they proceed?

Yes, family can buy/participate Z-MedProtect / Z-MedProtect Takaful for all family members and there is no minimum group size applicable. The benefits are the same as individual policy / certificate, and premiums / contributions will be charged individually. except the policy / certificate will be issued as group family policy / certificate. Furthermore, Multiple Insured Person Discount / Multiple Person Covered Discount shall be applicable and there will be discount on premium/contribution.

10. What is No Claim Bonus? Is this increase in Sum Insured / Sum Covered?

Upon renewal of this policy/certificate (provided such renewal is continuous, the policy/certificate has not been lapse in any one (1) given year, and no claim has been made during the preceding year of cover), the No Claim Bonus of ten percent (10%) shall be applicable. The No Claim Bonus is not cumulative and in the event of a claim being made by any one of you, the No Claim Bonus will be forfeited totally. When the policy/certificate is entitled for No Claim Bonus, there shall be reduction of ten percent (10%) on renewal premium/contribution. It is not related to any sum insured/sum covered, and therefore, shall not revise the sum insured/sum covered.

11. What is Deductible? Why should I choose Deductible Option? Can I change my Deductible Option if I changed my mind?

The Policy is subject to a deductible amount which is stated in the Schedule of Benefit. Deductible means a monetary sum that shall be deducted from the eligible expenses incurred by you, and on per any one disability basis when you are admitted to any private hospital. However, if you are admitted to any Malaysian government hospital, the eligible expenses incurred will not be subject to the deductible amount.

You are entitled to discount on premium/contribution up to 50% if you choose deductible option as stated in the Schedule of Benefit. Kindly refer to Question 6 for illustration.

You may change your Deductible Option in your policy/certificate upon renewal. If you choose to increase your Deductible Options (example: Deductible Option B to C), there is no underwriting required; if you choose to decrease your Deductible Options (example: Deductible Option C to B), you are subject to underwriting. You may contact your agent or us for such request to change your Deductible Option.

12. What is Multiple Insured Person Discount / Multiple Person Covered Discount? Will it change upon renewal of my policy/certificate?

If the policyholder/certificate holder purchase/participate a policy/certificate with multiple insured persons/persons covered which are his/her family members, a Multiple Insured Person Discount/Multiple Person Covered Discount is applicable. The discount percentage is depending on the total number of insured persons/persons covered specified in the Policy Schedule/Certificate Schedule, as specified below.

It is not cumulative and in the event of a revision in total number of insured persons/persons covered, it will be revised accordingly. Family members shall mean your legal spouse(s), parents and child(ren).

Number of Insured Person/Person Covered (per policy/certificate)	Premium/Contribution Discount
1	0%
2	5%
3 and above	10%

13. What are the exclusions of this product?

This product does not cover any hospitalisation, surgery or charges incurred directly or indirectly, wholly or partly, by any one (1) of the following occurrences:-

Section A – Inpatient & Daycare Benefits and Section B – Outpatient Benefits

- Pre-Existing Condition
- Specified Illnesses occurring during the first one hundred and twenty (120) days of continuous cover.
- Waiting Period of thirty (30) days for all except accidental injuries.
- Pregnancy, childbirth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care.
- Epidemic and/or pandemic.

Section C – Special Benefits

- Pre-Existing Condition
- War, Civil War
- Suicide while sane or insane
- Provoked Murder or Assault
- Epidemic and/or pandemic.

Kindly note that this list is non-exhaustive. Please refer to the policy/certificate wording for full list of exclusions under this product.

14. What is Waiting Period and how does it apply to my policy/certificate?

Waiting Period shall mean the first thirty (30) days between the beginning of your disability and the commencement of this policy/certificate date / reinstatement date and is applied only when you are first covered. This shall not be applicable after the first year of cover. However, if there is a break in insurance/takaful (example: you did not pay/make your renewal premium/contribution within Grace Period of fourteen (14) days, the Waiting Period will apply again.

15. Can I upgrade or downgrade my plan?

You may change your plan in your policy/certificate upon renewal. If you choose to upgrade your plan (example: Plan 2 to Plan 3), you are subject to underwriting; if you choose to downgrade your plan (example: Plan 6 to Plan 5), there is no underwriting required. You may contact your agent or us for such request to change your plan.

16. What is Cooling Off Period?

Cooling Off Period means you may cancel your policy/certificate by returning the policy/certificate to us within fifteen (15) days after the policy/certificate has been delivered to you. The premiums/contributions that you have paid/made (less any medical expenses incurred) will be refunded/returned to you provided there is no claim incurred on the policy/certificate.

17. What is Grace Period and how does it apply?

A grace period of fourteen (14) days from the premium/contribution due date will be allowed for payment/making of each premium. During such fourteen (14) days, we shall remain liable thereunder if by the last of such days, the premium/contribution is actually paid/made. If any premium/contribution is not paid/made in respect of this policy/certificate before the end of the Grace Period, this policy/certificate shall be deemed as terminated at the expiry date of the policy/certificate. If you wish to renew your policy/certificate after Grace Period, kindly contact your agent or visit our branch to request for reinstatement. By reinstatement, you are subject to underwriting and you may be required to undergo a medical examination or to submit medical reports to us for our underwriting process, new terms and conditions may be applied.

18. Is any medical check-up required to be eligible for this product?

No medical check-up and/or medical report is required if all your answers is "No" in [Section F – Health Declaration] from Proposal Form. However, medical check-up and/or medical report is required by us if any of the answer is "Yes" in [Section F – Health Declaration] from Proposal Form.

19. Is my policy/certificate effective if I am residing overseas for 6 months or more?

No benefit whatsoever shall be payable for any medical treatment received by you outside Malaysia, if you reside or travel outside Malaysia for more than ninety (90) consecutive days.

20. Am I allowed to upgrade my Room & Board during hospitalisation?

You shall bear twenty percent (20%) of the other eligible benefits if you are hospitalised at a published Room & Board rate which is higher than your eligible benefit.

21. Is Section C – Special Benefits subject to Overall Annual Limit?

No, sum insured/sum covered under Section C – Special Benefits are not subject to Overall Annual Limit.

22. Can I cancel my policy/certificate?

You may cancel your policy/certificate at any time by giving a written notice to us, and provided that no claims have been made during the current policy/certificate year, the policyholder/certificate holder shall be entitled to a refund/return of the premium/contribution (please refer to policy/certificate wording for the short period rates).

23. Should I make a nomination since there is Personal Accident benefits?

Yes, the policyholder/certificate holder is allowed to make a nomination in Proposal Form. Payment of claims shall be in accordance to the Financial Services Act 2013/Islamic Financial Services Act 2013.

24. Will there be any medical card provided to me?

Yes, you will be provided with a medical card, either physical card or e-card, your choice! With this medical card, you can enjoy cashless admission to any of our panel hospitals.

25. How can I submit my claims?

You may submit your claims to:-

a) Z-MedProtect

- i. Zurich General Insurance Malaysia Berhad (<https://mya.zurich.com.my/Myclaims>)

b) Z-MedProtect Takaful

- i. Zurich General Takaful Malaysia Berhad (<https://egms.zurich.com.my/claims>)