



Terms & Conditions (T&C) and Frequently Asked Question (FAQ)

Medical Expenses Assistance

(Tokio Marine Life Insurance Malaysia Bhd Eligible Medical Plans Customers)

1. What is 'Medically Necessary'?

This is defined in the policy contract of respective medical plans.

You may refer to the definition of Medically Necessary of iMedicare as follows:

"MEDICALLY NECESSARY" means a medical service:

- a) which is consistent with the diagnosis and customary medical treatment for a covered Disability;
- b) which is in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;
- c) which is not for the convenience of the Life Assured or the Physician, and unable to be reasonably rendered out of Hospital (if admitted as an In-Patient);
- d) which is not of an experimental, investigational or research nature, preventive or screening nature, medical technology/ procedure, which has not been proven to be effective, based on established medical practice, or which has not been approved by a recognized body in Malaysia;
- e) for which the charges are fair and reasonable and customary for the Disability; and
- f) which is directly related to the covered Disability.

For COVID-19, for a patient with no symptoms (asymptomatic) or who does not require active treatment (i.e. in quarantine only), hospitalisation is not deemed as 'medically necessary' as per the policy contract.

2. What is 'Reasonable & Customary Charges'?

In short, it means the charges for medical care which is Medically Necessary and to the extent that it does not exceed the general level of charges being made by other medical provider of similar standing within Malaysia.

For the full definition, please refer to respective policy contract.

3. Is there any waiting period for this Medical Expenses Assistance Benefit?

Yes. This benefit is subject to 30 days waiting period from inception or reinstatement of the respective medical plan, whichever is later.

4. The customer is being admitted to hospital as Category 3 COVID-19 patient, during his 10 days hospitalisation period, he has to be admitted to ICU for 3 days and being classified as Category 5 COVID-19 patient, what is the maximum amount he can claim under this benefit?

The eligible customer can reimburse up to maximum amount of RM150,000 for his total medical bill.

5. Will a claim under this benefit affect the medical plan limit (e.g. annual limit and lifetime limit) of the customer?

No. This benefit is provided by TMLM on goodwill basis. Any claims made under this benefit will not affect the medical plan limit.



6. How do I know which category am I classified under?

Customer need to obtain infection severity and category from certified medical practitioner. Reference ([click here](#)) can be made to current MOH guidance to understand the clinical management of confirmed COVID-19 patients.

7. If the customer is admitted to any hospital due to COVID-19 while he is in overseas, is he eligible to claims for his MHI plans?

No, medical expenses incurred from overseas admission is not eligible to reimburse from Tokio Marine Medical Assistance Fund.

8. If the customer has made a COVID-19 claims from other insurers/ government/ industry fund/ employers/ other form of fund and assistance, is he still eligible for this benefit?

Yes, customer still eligible for this benefit, subject to meeting terms and conditions as well as based on the principle of indemnity. Upon meeting the criteria, the Company will reimburse up to the benefit limit of COVID-19 category.

For example, a customer may first claims from other insurance company, if any, as such the Company will only pay the balance of the eligible medical expense up to the benefit limit benefit limit of COVID-19 category.

If the customer has claimed from this fund for private hospital admission due to COVID-19, customer will not be eligible for this benefit.

9. The customer is admitted to the hospital twice due to COVID-19, can he claim this benefit twice?

No. This benefit is limited to one claim per customer.

10. If the customer has two eligible medical plans, can he claim this benefit with twice?

No. This benefit is limited to one claim per customer.

11. If the customer has two eligible medical plans, can he enjoy higher benefit limit?

No. This benefit is limited to one claim per customer and is subject to the benefit limit as stated.

12. I was admitted during campaign period, discharged after campaign period, my policy stay in force during the entire admission and remain in force within 3 months after discharge, am I eligible for this benefit?

Yes. Admission to private hospital due to COVID-19 before and on the end date of campaign period is eligible for the claim submission, however claim approval is subject to the availability of the coverage and waiting period of the benefit.

13. I was admitted to Malaysia Government Hospital due to COVID-19, can I submit claim under this initiative?

No. This initiative only available for admission to private hospital.



14. What are the documents required for reimbursement claims submission for COVID-19 hospitalisation?

- All claims must be submitted within 3 months after hospital discharge.
- All claims must be submitted through e-Claims in Customer Portal.
- Original hospitalisation invoice, itemised breakdown bill, original payment receipts must be submitted to TMLM after submission in e-Claims.

Documents required for TMLM claim process are:

- Claim form duly completed by customer
- Attending physician statement / Copy of hospital discharge summary with indication of COVID-19 category
- Original hospitalisation invoice, itemised breakdown bill, original payment receipts
- All Imaging and laboratory reports such as x-rays and blood test results especially COVID-19 test results

The above list may not be exhaustive and the claim assessors reserve the right to call for additional documents.

15. How to submit reimbursement claim after discharged from COVID-19 hospitalisation?

Confirmation of COVID-19 must occur after waiting period of respective eligible TMLM medical plans to be eligible for claim submission. The eligible Medical Plans must be in-forced upon diagnosis, treatment and claim submission.

Eligible claims can be submitted via e-Claims in Customer Portal within 3 months from the date of discharge.

You may access to e-Claims by login to [Customer Portal](#)
You may refer to this [video](#) for e-Claims submission



Frequently Asked Question (FAQ) for Guaranteed Letter Facility

1. What is Guaranteed Letter?

A Guarantee Letter is a letter of assurance that is offered by Tokio Marine Life Insurance Malaysia Bhd to the panel hospital within Malaysia confirming that the eligible cost of treatment for the patient will be taken care of by Tokio Marine Life Insurance Malaysia Bhd.

2. Is the Guarantee Letter only applicable for admission to Panel Hospitals?

Yes.

3. Is the Guarantee Letter available for admission to a non-Panel Hospital?

No, the admission to non-panel hospital would be on reimbursement basis.

4. Customer COVID-19 Category 3, 4 & 5 can admit to any panel hospital with Guarantee Letter?

Hospital admission is subject to respective hospital room and bed availability and hospital acceptance to COVID-19 patient. Refer to respective hospital prior to arrangement for hospital admission.

5. The customer is being admitted to hospital as Category 3 COVID-19 patient, during his 10 days hospitalisation period, he has to be admitted to ICU for 3 days and being classified as Category 5 COVID-19 patient, how does Guarantee Letter works?

MiCare will issue Guarantee Letter to hospital up to maximum amount of RM150,000 to cover his total medical bill.

6. If the customer admits to panel hospital due to 2 conditions, both COVID-19 (Category 5) and Hypertension, is one Guaranteed Letter issued or 2 letters? How will the medical bill being charged?

2 Guaranteed Letters will be issued for this admission. The customer can only claim COVID-19 related treatment cost under COVID-19 Medical Expenses Assistance up to maximum limit allowed, Hypertension treatment cost will be charged according to his/her medical plan limit. If the treatment cost exceeded medical plan limit, customer will need to bear the remaining treatment cost.

7. If customer has utilised medical card annual limit but the medical policy remain in force, can customer apply for Guarantee Letter under COVID-19 Medical Assistance Fund?

Yes. This benefit is provided by TMLM on goodwill basis. As long the medical policy remain in force, customer is eligible to apply for Guarantee Letter.

8. How do customer know which category the infection classified under?

Customer can refer to certified medical practitioner for category confirmation / acknowledgement prior to hospital admission.

9. If the iMediCare (proposal sign on 14 July 2022 onwards) customer is admitted to any hospital due to COVID-19 while he is in Singapore or Brunei, is he eligible to claim for his MHI plans?

Yes, eligible subject to annual limit availability and via pay and file approach.



10. What are the documents required for MiCare to issue Guarantee Letter for COVID-19 hospitalisation?

- Medical report or pre-authorisation form completed by treating doctor with the indication of COVID-19 category
- All Imaging and laboratory reports such as x-rays and blood test results especially COVID-19 test results

The above list may not be exhaustive and MiCare reserve the right to call for additional documents prior to issue **Guarantee Letter**.

The admission process will be as per normal admission process.