

OneMedical – Frequently Asked Questions (FAQ):

About OneMedical

1. What is OneMedical? What does it cover?

OneMedical is a pure medical plan that provides medical coverage renewable up to age 85. This product does not provide any savings or investment elements. Please refer to the Product Disclosure Sheet or Policy on detailed exclusions, terms and conditions of the plan.

2. Who is this product suitable for?

This product is suitable for those who do not have any medical coverage or to complement any shortage of their existing medical plan.

3. Who is eligible to sign up or purchase?

Malaysians between 17 and 55 years old (age next birthday) are eligible to purchase, subject to the fulfillment of health questions. For children below age 17, parents or legal guardians may sign up for them to get them covered under this medical plan.

4. What is age next birthday?

The acceptance of this application is based on your age next birthday. Age next birthday simply means the age of your next birthday. If you have celebrated your 30th birthday, your next birthday will be 31st, so your age next birthday will be 31 years old.

5. There are 3 plans, which plan is suitable for me?

The suitability of the plan would depend on your affordability and your needs.

6. What is annual limit?

Annual limit is the maximum amount that you are eligible to claim for your medical expenses in every policy year. Annual limit will be refreshed every policy year.

7. What should I do if I do not have sufficient annual limit to cover my medical charges?

You will have to pay the differences between your eligible annual limit and the medical charges. Annual limit will be refreshed at every policy anniversary.

8. What is deductible?

Deductible is the amount of eligible hospitalisation expenses incurred that must be paid by you for each hospitalisation before any benefits are payable by Us.

9. If I purchase this plan with RM1,000 deductible, how does it work?

You are required to pay RM1,000 of the eligible hospital & surgical expenses incurred for each hospitalisation. We will pay the balance of the eligible expenses after deducting the first RM1,000.

Example 1: Hospitalisation expenses

The eligible hospitalisation expenses = RM10,000

Deductible amount per hospital admission = RM1,000

Amount to be paid by you = RM1,000

Amount to be paid by us = RM10,000 – RM1,000 = RM9,000

Example 2: Outpatient expenses (Eligible Outpatient expenses are not subject to deductible)

The eligible Outpatient expenses = RM800

Amount to be paid by you = RM0

Amount to be paid by us (by Reimbursement basis) = RM800

10. How is the premium amount determined?

You are charged a certain amount of premium based on the plan type, deductible option, occupation and your age next birthday at the commencement date. The premium may increase in accordance to your age next birthday at every policy anniversary's renewal. You will need to pay the premium up to the renewal age 85. Premium rates are non-guaranteed and we reserve the right to revise the premium rate by giving a 30-day prior notice.

11. How to pay and what is the frequency to pay the premium for the policy?	You may pay the premium via credit card / debit card. You may opt to pay the premium monthly, or annually. You may continue using the credit card / debit card or switch to your bank saving account to pay for the renewal premium.
12. How do I change my credit/debit card used for premium deduction?	You may walk in to any of our branches and fill up a Request For Change form, and a Premium Payment through Visa / Master Card form.
13. Why is my premium cheaper when I choose the plan with deductible?	It is cheaper because you will need to bear some of the eligible hospitalisation expenses for each hospitalisation.
14. How do I know if I need a deductible or without a deductible medical plan?	<p>a) With deductible If your existing medical plan or employer coverage is insufficient, then this plan will complement your existing medical coverage to provide additional medical protection; or If you can afford to bear some of the eligible hospitalisation expenses for each hospitalisation, hence enjoy a lower premium rate for this medical plan.</p> <p>b) Without deductible If you do not have any medical coverage, or you do not want to bear any eligible hospitalisation expenses for each hospitalisation.</p>
15. Can I get a medical plan if I am above age 55 years old?	You are not eligible for this medical plan if you have exceeded your 55 th birthday. However, we still have other similar types of medical plans which may be suitable for you, kindly contact Etiqa Online by calling 1-300-13-8888.
16. Can I get a medical plan if I am not eligible for this medical plan after answering the underwriting questions?	Yes, we still have other similar types of medical plans which may be suitable for you, kindly contact Etiqa Online by calling 1-300-13-8888.
17. Can I change my plan?	You may change from a higher plan to a lower plan at policy anniversary, with no underwriting.
18. Will there be any medical examination for this plan?	No medical examination is required. Your application will either be accepted or rejected based on our pre-determined requirements.
19. What happens if I stop paying the premium?	There is a grace period of 31 days from the premium due date given to you to pay the premium. You are still covered within the grace period. If the premium due is not paid within the grace period, your policy may lapse thereafter and you will not be entitled for the benefits shall the covered event (Inpatient & Day Care Surgery Benefits, Outpatient Benefits and Communicable Disease Cash Benefit) occurs.
20. How can I sign up? Can I go through an agent?	You may sign up this plan through our website. This is an online product and it is not offered through any of our agents. There is no commission charged on this plan.
21. Can I get more than one policy?	No, you are eligible for one policy only.
22. How will I receive confirmation on my application? When does the cover start?	The confirmation of your application is immediate through the website. The cover will start on the day your application is accepted with payment made, with a policy document and payment receipt emailed to you.

23. Can I cancel the policy?

You may cancel your policy with a written instruction to us within 15 days after the policy has been received by you. We will then refund the premium received to you. However, no refund can be made when a claim has been admitted.

For family package where all policies were issued on the same issue date, any request of cancellation within 15 days after the policy has been received by you, the entire family package shall be cancelled. We will refund you the total premium paid for the family insurance package upon the cancellation of the policies.

However, if you cancel the policy after the 15 days, you are entitled to a refund of the partial premium as follows provided that you have not made any claims during the policy year:

Period Not Exceeding	Refund of Annual Premium
15 days (renewal only)	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Period exceed 11 months	No refund

Note: There is no premium refund for monthly cases.

24. How to file a claim in case of covered events happen (Inpatient & Day Care Surgery Benefits)?

a) If you choose to visit a panel hospital:

For hospital admission, no medical card is required, just present your identity card and inform the hospital that you are covered with Etiqa. We will pay the eligible hospitalisation expenses that you incurred subject to the annual limit of the plan you signed up. For plan with deductible, you will need to pay for eligible expenses up to the deductible amount per hospital admission before we cover the remaining eligible expenses.

b) If you choose to visit a non-panel hospital:

You are required to pay for the hospitalisation expenses upon discharged. Submit the list of required documents to Etiqa for reimbursement of the eligible hospitalisation expenses within 30 days from discharge date.

For further information, visit our website at www.etiqa.com.my and download the claim guide. List of Panel Hospitals are available in the claim guide. We can be contacted via email at info@etiqa.com.my or call Etiqa Oneline at 1-300-13-8888.

25. How to file a claim in case of covered events happen (Outpatient Benefits)?

You are required to pay for the Outpatient expenses. Submit the list of required documents to Etiqa for reimbursement of the eligible Outpatient expenses within 30 days from discharge date.

For further information, visit our website at www.etiqa.com.my and download the claim guide. List of Panel Hospitals are available in the claim guide. We can be contacted via email at info@etiqa.com.my or call Etiqa Oneline at 1-300-13-8888.

26. How to file a claim in case of covered events happen (Communicable Disease Cash Benefits)?

You may submit the list of required documents to Etiqa for cash benefit claim within 30 days from discharge date.

For further information, visit our website at www.etiqa.com.my and download the claim guide. We can be contacted via email at info@etiqa.com.my or call Etiqa Oneline at 1-300-13-8888.

27. Will I have a medical card?	There is no medical card issued for this policy. However, in a more convenient way, upon hospital admission, just present your identity card and inform the Panel hospital of your coverage by Etiqa.
28. Can I access the medical plan if I miss a premium payment?	If you missed any premium payment and provided that your policy has not lapsed, you may be able to access the medical plan, however, you may face some interruption during the discharge process from the hospital and you will need to pay back the premium due.
29. What if I lose or do not receive my policy documents? Or if I need to update my personal information or contact details?	You may email us at info@etiqa.com.my or call Etiqa Online at 1-300-13-8888.
30. What if I misstate or do not disclose any of the required information during application?	Misstatement or non-disclosure of material information will result in voidance of the policy, or your claim not being paid. To prevent these unwanted events, you are required to disclose all relevant information, including medical condition and age, correctly.
31. Do I enjoy a tax relief on the premium paid?	You may use the Medical Insurance premium paid for tax relief, as per current Malaysian tax regulation and subject to the Inland Revenue Board's approval.
32. Who can I contact for further information?	You may email us at info@etiqa.com.my , call Etiqa Online at 1-300-13-8888, or visit our website at www.etiqa.com.my for further information. A 24-hour Live Chat is also available on our website for enquiry.

About OneMedical family package

1. What is OneMedical family package?	OneMedical family package allows you to gather your family members in a single medical insurance package. However, each family member still has the flexibility to select his/ her own suitable medical plan under the family package. Individual policy will be issued to each family member.
2. What are the advantages of OneMedical family package?	It is easier to manage and even more affordable as OneMedical family package comes with a 5% discount on the total payment.
3. Who can be included in the family package?	The OneMedical family package must consist of at least 2 persons in any of the following combinations: <ul style="list-style-type: none"> ▪ Husband and wife ▪ Married parents and child(ren) ▪ Single parent and child(ren)
4. How many family members can be included in the family plan?	The total allowable number of family members to sign up the family package is up to 6 (only 1 spouse is allowed), e.g. a single parent with 5 children, or married parents with 4 children.
5. Who is eligible to sign up or purchase?	Malaysians with age range as below are eligible to purchase, subject to the fulfillment of health questions. <ul style="list-style-type: none"> ▪ Children: 14 days old to 16 years old (age next birthday) ▪ Adult: 17 years old to 55 years old (age next birthday)
6. How much do I need to pay for a family package?	It depends on the number of family members signed up for the family package. The premium for each of your family member's policy is based on the respective plan type, deductible option, occupation, and age next birthday

at the commencement date. You are required to pay the total premium under the family package with a 5% discount of the total premium.

While for subsequent renewal payments, the premium will be charged by each policy of the family members. Nevertheless, the 5% family package discount is still applicable to each policy respectively.

7. What if my child is 17 years old and above? Can he/ she be included under my family package?

A child at 17 years old (age next birthday) and above is considered as an adult and cannot be included under your family package. Alternatively, he/she may apply an individual OneMedical plan.

If your child is married, then he/she may consider applying for his/her own family package.

8. After purchasing the family package, can I add or remove family members?

Adding new member is allowed, subject to the maximum of 6 family members in total.

Removal of family member(s) is allowed on the subsequent premium due date following the request.

9. Is the medical plan annual limit shared by all family members?

It is not shared. Each family member will have own individual annual limit according to the medical plan selected. Any medical claim from a family member will not affect the annual limit of the other family member(s).

10. If I have already purchased an individual OneMedical policy for myself, can I still convert it to a family package?

Yes you may, by applying OneMedical policy for your family members, up to a maximum of 5 members.

Once converted to a family package, you will enjoy a 5% premium discount on your OneMedical policy starting from the next policy anniversary, provided the conversion is done not less than 4 months prior to your next policy anniversary. Otherwise, the 5% discount will only take effect on the subsequent policy anniversary after the next.

Example1: Adding a family member more than 4 months prior to the next policy anniversary

Mr. A signed up OneMedical on 1st Aug 2022

Next Policy Anniversary = 1st Aug 2023

He signed up OneMedical for a family member on 15th Mar 2023

Mr. A will enjoy a 5% premium discount on his OneMedical policy from 1st Aug 2023 and onwards.

Example2: Adding a family member less than 4 months prior to the next policy anniversary

Mr. B signed up OneMedical on 1st Aug 2022

Next Policy Anniversary = 1st Aug 2023

He signed up OneMedical for a family member on 1st Jul 2023

Mr. B will enjoy a 5% premium discount on his OneMedical policy from 1st Aug 2024 and onwards.