

STUDENT HEALTHCARE PROGRAM

**UNIVERSITI TENAGA NASIONAL
(UNITEN)**

TGWH001664 & TGTW002682



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01 Type of Coverage



Group Term Takaful

Protect UNITEN' student from the uncertainties in life with lump sum payouts.



Group Hospitalisation & Surgical

Covers the cost of medical treatment and hospitalization, due to accidents and illnesses to Private or Government Hospitals.

02

Group Term Takaful

Coverage/Benefits

24 hours worldwide cover for Death & Disability due to all causes.

- Death due accidental and natural causes
- Total and Permanent Disability due to all causes
- Permanent Partial Disability (PPD) due to all causes
- Funeral Expenses (FE) due to all causes

Death, TPD, PPD

- RM 13,000

Funeral Expenses

- RM 3,000



Group Term Takaful

3. Definition

| | |
|--------------------------------------|--|
| Death Benefit | Upon death of a Covered Member due to accident or sickness, We shall pay to You the Sum Covered with regard to the Covered Member. |
| Total Permanent Disablement | <p><u>1st Definition:</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Incapable of performing any work, occupation or profession for wages, compensation or profit, throughout the Covered Member's remaining lifetime;<input type="checkbox"/> Unable to perform at least three (3) out of six (6) Activities of Daily Living without physical assistance from another person, mechanical equipment, devices or adaptations<input type="checkbox"/> Survival period of 6 months – such disability must have persisted continuously for at least 6 months <p><u>2nd Definition:</u> where the Covered Member, irrespective of age or earning ability, suffers from any of the following losses:</p> <ul style="list-style-type: none"><input type="checkbox"/> Total and irrecoverable loss of sight in both eyes; or<input type="checkbox"/> Loss of two or more limbs, each above the wrist or ankle; or<input type="checkbox"/> Total and irrecoverable loss of sight in one eye and loss of one limb at or above the wrist or ankle.<input type="checkbox"/> No waiting period |
| Partial Permanent Disablement | Covers bodily disablement arising solely & directly from an accident / Illness based on a percentage of the sum covered as per Schedule of Benefits. |



Group Term Takaful

① DEATH - Death due to all causes (illness or accident)

● EXCLUSION

There is no exclusion for death regardless of the caused

● DEATH CLAIM DOCUMENTS

- a) Death Claim Form
- b) Statement of Medical Examiner
- c) Copy of Death Certificate (duly certified)
- d) Copy of I/c (duly certified)
- e) Copy of Police Report/post mortem report
(if due to accidental or police case)





Group Term Takaful

② TOTAL PERMANENT DISABILITY (TPD)

- The six (6) Activities of Daily Living are:

- Ability to **get in and out** of a chair **without** requiring physical assistance.

TRANSFER

- Ability to **move from room to room** **without** requiring any physical assistance.

MOBILITY

- Ability to exercise voluntary **control over bowel and bladder functions** necessary to maintain personal hygiene.

CONTINENCE

- Ability to **put on or take off** necessary items of clothing **without** physical assistance from another person.

DRESSING

- Ability to **wash or shower** **without** physical assistance from another person

BATHING

- Ability to **feed** **without** any physical assistance, once food has been prepared.

EATING



Group Term Takaful

② TOTAL PERMANENT DISABILITY (TPD)

● TPD CLAIM DOCUMENTS

1. TPD/PPD claim form
2. Attending Physician Statement.
3. Copy of I/c (duly certified)
4. Medical Boarded Out Letter and Medical assessment by attending doctor
5. Police Report/post mortem report if due to accidental.



③ PARTIAL PERMANENT DISABILITY (PPD)

Shall mean **disability** caused by accident or sickness and within thirty (30) days after such disability occurred resulting in the loss of **1** sight or arm or leg as a direct result provided that:-

- the first day of disablement occurs prior to the attainment of age 65 years
- the Insured Person survives the accident or sickness and **is alive** for thirty **(30) days** after such accident or sickness.
- In the event of disability suffered by the Insuree of the Life Insurance benefit Person, the benefit **payable shall be a percentage, based on the disablement** as defined in Tables .



Group Term Takaful PPD Schedule

| Nature of Injuries or Loss | % of the Sum Assured |
|--|----------------------|
| 1. Loss of two limbs ----- | 100% |
| 2. Loss of both hands or of all fingers and both thumbs ----- | 100% |
| 3. Total loss of sight of both eyes ----- | 100% |
| 4. Total paralysis ----- | 100% |
| 5. Injuries resulting in insured being permanently bedridden. Any other injury causing permanent total disablement ----- | 100% |
| 6. Loss of arm at shoulder ----- | 100% |
| 7. Loss of arm between shoulder and elbow ----- | 100% |
| 8. Loss of arm at elbow ----- | 100% |
| 9. Loss of arm between elbow and wrist ----- | 100% |
| 10. Loss of hand at wrist ----- | 100% |
| 11. Loss of leg | |
| at hip ----- | 100% |
| between knee and hip ----- | 100% |
| below knee ----- | 100% |
| 12. Eye – Loss of – | |
| whole eye ----- | 100% |
| Sight of ----- | 100% |
| Sight of, except perception of light ----- | 50% |
| Lens of ----- | 50% |
| 13. Loss of four fingers and thumb of one hand ----- | 50% |
| 14. Loss of four fingers ----- | 40% |
| 15. Loss of thumb | |
| Both phalanges ----- | 25% |
| One phalanx ----- | 10% |
| 16. Loss of index finger | |
| Three phalanges ----- | 10% |
| Two phalanges ----- | 8% |
| One phalanx ----- | 4% |

| Nature of Injuries or Loss | % of the Sum Assured |
|---|----------------------|
| 17. Loss of middle finger | |
| Three phalanges ----- | 6% |
| Two phalanges ----- | 4% |
| One phalanx ----- | 2% |
| 18. Loss of ring finger | |
| Three phalanges ----- | 5% |
| Two phalanges ----- | 4% |
| One phalanx ----- | 2% |
| 19. Loss of little finger | |
| Three phalanges ----- | 4% |
| Two phalanges ----- | 3% |
| One phalanx ----- | 2% |
| 20. Loss of metacarpals | |
| First or second (additional) ----- | 3% |
| Third, fourth or fifth (additional) ----- | 2% |
| 21. Loss of toes | |
| All ----- | 5% |
| Great, both phalanges ----- | 5% |
| Great, one phalanx ----- | 2% |
| Other than great, if more than one toe lost, each ----- | 1% |
| 22. Loss of hearing | |
| Both ears ----- | 75% |
| One ear ----- | 15% |
| 23. Loss of speech ----- | 50% |





Group Term Takaful

3. Exclusion

There is no exclusion for death benefit, however; we shall not pay the Benefit if the disability occurs due to:-



Participation in any criminal act, riot, civil commotion, insurrection, war



Participation in any form of aviation or aerial sports such as skydiving, bungee jumping,



Participation in any dangerous or hazardous sport or hobby



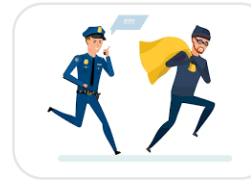
Self-inflicted injuries or suicide or attempted suicide, while sane or insane;



Injuries or hospitalisation as a result of drug addiction, or while under the influence of alcohol;



HIV infection, Acquired Immune Deficiency Syndrome (AIDS) and any AIDS related conditions;



Committing or trying to commit any illegal act.



Pre Existing Illnesses

Group Hospitalisation & Surgical



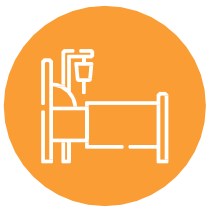
1. Definition

Covers the cost of medical treatment and hospitalization, due to accidents and illnesses to Private or Government Hospitals.

Provide coverage for medical expenses incurred when you are admitted to a registered hospital which require treatment and or surgery as a result of injury, sickness including emergency outpatient treatment sustained by the student

2. Waiver for New and Existing Member

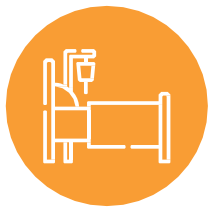
- a) 30 days waiting period
- b) 12 months of Pre-existing Illness
- c) 120 days for specified illness and related complications
- d) **Co-Payment clause** : in a situation where the actual Room & Board charged per day is higher than the member's entitlement



Group Hospitalisation & Surgical

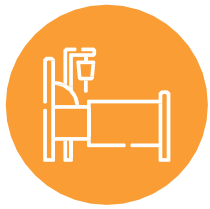
e) **Overseas Travel exceeding 90 days not covered.**

- ✓ In respect of an emergency, and could not be postponed until the Member Covered was scheduled to return to Malaysia.
- ✓ In respect of a Medical Condition that cannot be provided by a Malaysian Medical Institution as recommended by a Malaysian Physician.
- ✓ Charges in respect of Medical Services outside Malaysia will be converted to Ringgit Malaysia based on the prevailing official exchange rate on the day of discharge from the Hospital providing the Medical Services.



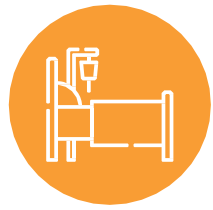
Group Hospitalisation & Surgical

| COVERAGE – STUDENT | |
|--|------------|
| PLAN 1 | |
| HOSPITALISATION MEDICAL BENEFITS | |
| Room & Board | 180 |
| Ordinary Room <i>Daily maximum up to 180 days for Private/Government Hospital</i> | As Charged |
| Intensive Care Unit Cases (ICU) <i>Daily maximum up to 20 days</i> | |
| Hospital Supplies & Services / Operation Fees / Operating Theatre Fees/ Anesthetist Fees | As Charged |
| In-Hospital Physician Visit <i>(max of two (2) visits per day up to 120 days)</i> | |
| PRE – HOSPITALISATION BENEFITS | |
| Pre-Hospital Diagnostic Tests <i>(within 60 days before hospitalisation only)</i> | As Charged |
| Pre-Hospitalisation Specialist Consultation <i>(within 60 days before hospitalisation only)</i> | |
| POST – HOSPITALISATION BENEFITS | |
| Post-Hospitalisation Treatment <i>(for follow ups within 60 days of discharge)</i> | As Charged |



Group Hospitalisation & Surgical

| COVERAGE- STUDENT | |
|--|---------------|
| | PLAN 1 |
| EMERGENCY MEDICAL BENEFITS | |
| Accidental Outpatient Treatment <i>(within 24 hours after the accident & follow up within 60 days of first treatment)</i> | As charged |
| Accidental Dental Treatment <i>(within 24 hours after the accident & follow up treatment up to 14 days)</i> | |
| Outpatient Sickness Treatment <i>(between 10pm to 8am only)</i> | 100 |
| OUTPATIENT MEDICAL BENEFITS | |
| Day Care Procedure <i>Maximum up to Pre-daycare 60 days & post daycare 60 days</i> | As charged |
| MISCELLANEOUS BENEFITS | |
| Ambulance Fees | As charged |
| Reimbursement of Medical Report Fees | 100 |
| Government Hospital Cash Benefit Allowance | 100 |
| OVERALL ANNUAL LIMIT PER PERSON | 15,000 |



Group Hospitalisation & Surgical

3. Exclusions

ADDITION

Abuse of **Alcohol, Narcotics**

Birth Control, Infertility
(**Maternity** Related)

Circumcision unless Medically Necessary

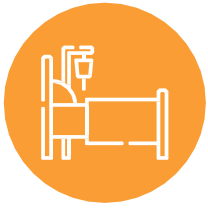
Corrective treatment for **Refractive errors**

Dental Treatment or oral surgery, except due to accident

Care and treatment that is **experimental**.

Use or acquisition of all **External Appliances** eg Hearing Aids

Hazardous sports (skydiving, underwater activities, winter sports)

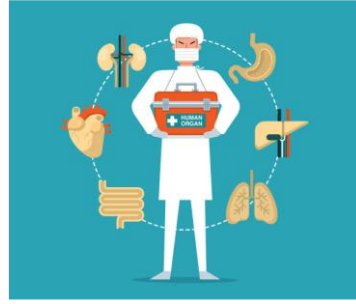


Group Hospitalisation & Surgical

3. Exclusions



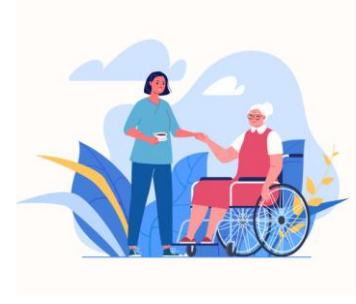
Hospitalisation primarily for **investigatory** purposes, physical examinations & **check-ups**



Expenses incurred for **donation** of any body organ



Plastic/Cosmetic Surgery, Sex Changes



Private Nursing



Effects from **radiation** or contamination by radioactivity



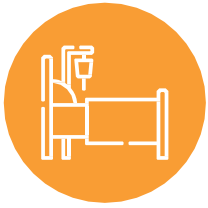
Treatment for Psychotic, mental, nervous, **Sleep** and **snoring disorders**



Suicide or attempted suicide



Vitamins / Supplements



Group Hospitalisation & Surgical

3. Exclusions



Any communicable **diseases** requiring **quarantine by law**
(Covid-19)



War, riot, terrorism related activity



Hormone replacement therapy & **alternative** therapy ie chiropractic acupuncture & etc



Treatment or assessment for **Congenital, Hereditary or Developmental** condition



Costs/expenses of services of a **non-medical nature**



Any **preventive treatments** and treatments specifically for weight reduction or gain.



Private flying other than commercial scheduled airlines licensed to carry passengers

Admission Guarantee Letter (GL) process



Member goes to Panel Hospital.

Download eTiqa+ App to navigate to the nearest Panel Hospital



At admission counter, member informs he/she is covered by Etiqa & present:

- 1) NRIC/Passport
- 2) Sign on Guarantee Letter (GL) request form
- 3) Pay admission deposit if required by hospital



Hospital will process the Admission Guarantee Letter (IGL) request and upload the request to Etiqa Healthcare (EHC) via Etiqa's Provider Portal once doctor have filled up the GL request form.

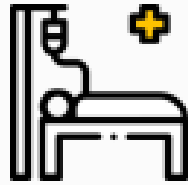


- ✓ EHC will check validity of the policy/ certificate, medical condition and policy/ certificate terms and conditions.
- ✓ EHC to issue the admission GL (IGL), if case is coverable **within 30 minutes** upon receiving complete documents.
- ✓ If the case is not coverable, a Decline Guarantee Letter will be issued. Member to pay and file the claim for reimbursement consideration.
- ✓ Hospital will be able to track GL status and download GL from the Provider Portal.

Member to proceed with admission.



Discharge Guarantee Letter (GL) process



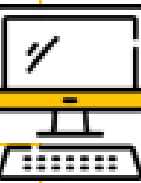
Member fit for discharge.

Hospital will process the Final Guarantee Letter (FGL) request and upload the request to Etiqa Healthcare (EHC) via Etiqa's Provider Portal once the below documents are ready:-

- ✓ Final bill
- ✓ All investigation reports
- ✓ Final Diagnosis

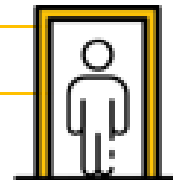


- ✓ Upon receiving the FGL Request, EHC to review/assess final bill and issue Final GL (FGL) **within 45 minutes** upon receiving complete documents.
- ✓ FGL issued will state the covered/ non -covered amount which need to be borne by member.
- ✓ Hospital will be able to track GL status and download GL from the Provider Portal.



Any non-covered amount will be deducted from the admission deposit paid.

Member can be discharged home.





24 HOURS CALL CENTRE



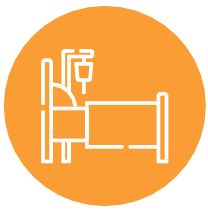
Etiqa Healthcare

1800 88 9998

etiqahealthcare@etiqa.com.my



Search You Tube:
“Etiqapedia Chapter 7”
for Admission & Discharge
process



Group Hospitalisation & Surgical

Note: Please cross/indicate “Submitted To Etiqa” at the original receipt with BLUE pen only.

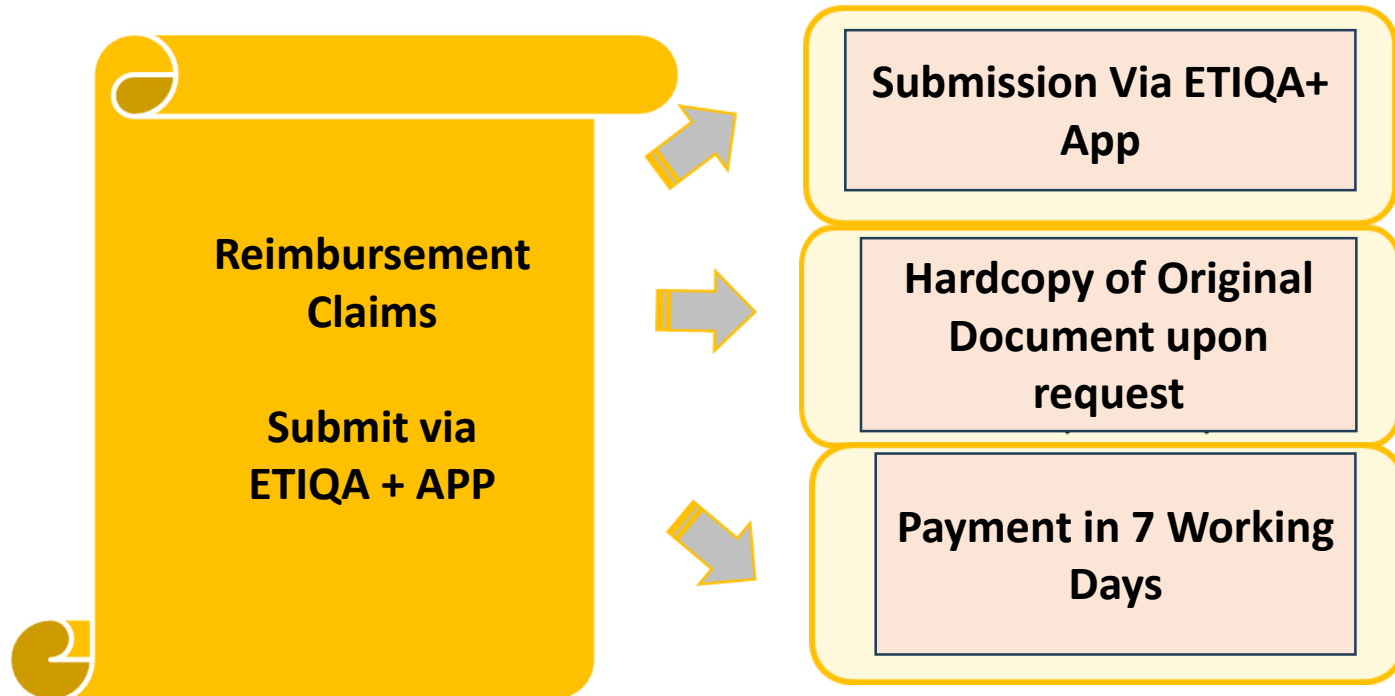
Member to submit the following documents via SMILE App within 30 days from discharge date:

- ✓ Completed Medical Claim Form
- ✓ Original Bill(s) (with complete medication breakdown if the bill is above RM 500)
- ✓ Original Receipt(s) – *Indicate Submitted to Etiqa*
- ✓ Complete statement of Medical Examiner (Medical Report)
- ✓ All Investigation Report(s) (e.g lab report, x-ray, MRI) if any

Pay & Claim – (No Cashless)

Reimbursement Claim:

1. Treatment at Non-Panel Hospital
2. Government Hospital Cash Daily Allowance
3. Treatment /injuries while travel overseas
4. Pre & Post hospitalization bills



THANK YOU

