



No.	List of FAQ's on Medical and Health Insurance (MHI)
1.	<p>What is Medical and Health Insurance (MHI) and what is in it for you?</p> <p>Medical and Health Insurance (MHI) is an insurance policy , specifically designed to cover medical treatment, such as the cost of hospitalisation and healthcare services, if you are hospitalised due to illnesses or accident. MHI could also protect you and your loved ones from the financial loss you could potentially suffer in the event that you are diagnosed with any of the <u>COVERED</u> illnesses</p> <p>You won't have to worry should any of the above event leave you jobless and without an income during your recovery process as MHI could provide cash to make up for your income loss as well as cover the cost of your medical treatment.</p>
2.	<p>What are the things you should consider when deciding the best Medical and Health Insurance plan for you or your loved ones?</p> <p>If you decide to buy a Medical and Health Insurance policy, do not rush in making the major purchase. You'll need to shop around and get several quotes before choosing the right plan.</p> <p>Here are a few points to consider to get your quotes tailored to your needs:</p> <ul style="list-style-type: none">• How co-payments, deductibles, and co-insurance requirements apply?• What are the benefits covered?• What are not covered?• Does the plan cover the health services that you need?• Can you afford the premiums?• Does the plan cover the private hospitals you're currently using?• Does the plan offer family, as well as individual coverage?• What pre-existing conditions are not covered by the plan and for how long?
3.	<p>If I am admitted to a non-panel hospital, what should I do?</p> <p>In the event that you are involved in an accident and is admitted to a non-panel hospital, you should contact your agent or your insurance company first to inform of your condition. Do not panic because your medical bills may still be payable by your insurance company. However, you are normally required to pay first and file a claim to your respective insurance company, subject to the terms and conditions of the policy. Do note that medical bills, medical reports and letters from doctors are essential in</p>

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	<p>filing your claims. And upon the submission, one must ensure that your documents are sufficient and to avoid delay in claim payment.</p>
4.	<p>I have a medical card from my insurance company, how should I use it?</p> <p>For a policyholder with a medical card, it is much easier for hospital admission and to process claims. One will only have to show their medical card and get the doctors consent to be admitted. However, the policyholder must ensure that their policy has not lapsed or expired. This will ease the hospital's admission process. Also, the policyholder does not have to worry in terms of settling their entire medical bills upfront. This is because the cost is billed to insurance companies and the latter will evaluate for claims.</p>
5.	<p>My company provides health insurance coverage for all its employees. Should I still buy my own health insurance policy?</p> <p>While most companies provide health, disability and accident coverage for their employees, the level of coverage is usually very basic. It is therefore advisable for you to have your own individual health insurance policy where you have more control over the amount of coverage for yourself and your loved ones. Your own policy also provides coverage when you are in between jobs.</p>
6.	<p>What are some of the common exclusions for medical policies?</p> <ul style="list-style-type: none"> • Pre-existing conditions – This refers to conditions and illnesses experienced by you prior to applying for the policy. These conditions would be excluded from coverage by your insurance company. So it is important to buy health insurance when you are young and healthy in order to enjoy the full benefits of the product. If you already have a medical condition when you apply for insurance, you must give details of this condition in your application. The insurer will then decide whether or not to provide cover for that condition. • Specified illnesses – These are certain disabilities (e.g. cancers, hypertension, diabetes and gastritis) and their related complications. Typically you will not be covered for these illnesses if the illnesses have been treated or occurred during the first 4 months of your policy. • Qualifying/waiting period – You will not be eligible for any claims arising from any medical or physical conditions within the first 30 days of the cover, except for accidental injuries. Critical illness policies may carry longer waiting periods, up to 120 days even depending on the type of illnesses covered. • Overseas treatment - This is often excluded (apart from that due to emergency conditions). The amount claimable may also be reduced to a level

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	<p data-bbox="328 197 943 230">consistent with customary charges in Malaysia.</p> <ul data-bbox="280 293 1337 775" style="list-style-type: none"><li data-bbox="280 293 975 327">• Pregnancy / Child birth and related conditions<li data-bbox="280 389 1337 456">• Congenital anomalies / Hereditary conditions – conditions which a child is born with (whether known or unknown to the policy owner)<li data-bbox="280 519 1214 553">• Plastic / Cosmetic surgery and non accidental dental treatment<li data-bbox="280 616 1305 683">• Treatment of sexually transmitted diseases e.g HIV or any psychiatric conditions<li data-bbox="280 745 1094 779">• Accidental injuries due to hazardous sports / activities