

Your Benefits

Deriv Services Sdn Bhd



Benefit Summary	Plan 230 All members
Out-Patient General Practitioner Care (GP)	Prime
<ul style="list-style-type: none"> ▪ Routine Consultation ▪ Medication ▪ Injection ▪ Out-Patient Surgical Procedures ▪ Diagnostic Lab / X-Ray Procedures ▪ Overseas Out-Patient benefit - Max per visit inclusive of all Incidental fee 	Cashless AIA Medical Card @ Panel Clinic (Non-Panel Clinic – For “Emergency” Only) RM 40
<i>Prime Plan: Out-Patient GP Care is covered only when provided by an AIA Panel Clinic. Please refer to the AIA Panel Clinic Directory for listing.</i>	
Out-Patient Specialist Care (SP)	With Panel GP Referral Panel GP referral letter validity: 30 DAYS
<ul style="list-style-type: none"> ▪ Consultation ▪ Medication ▪ Injection ▪ Out-Patient Surgical Procedures ▪ Diagnostic Lab / X-Ray Procedures ▪ Overseas Out-Patient benefit - Max per visit inclusive of all Incidental fee 	RM 1,000 per visit <i>(Guarantee letter is applicable to request with Panel GP referral letter at panel Specialist – First visit)</i> <i>Subsequent visit: with Appointment card</i> RM 150
Hospital & Surgical Care (max per disability)	
In-Hospital Care	
(a) Hospital Room & Board (Private / Government)	
(i) Ordinary Room (up to 180 days)	230
(ii) Intensive Care Unit (up to 30 days)	As charged
(b) Hospital Supplies and Services	As charged
(c) Surgical Fees	As charged
(d) Anaesthetist Fees	As charged
(e) Operating Theatre Charges	As charged
(f) In-Hospital Physician's Visit (up to 180 days)	As charged
(g) Malaysia Government Hospital Daily Cash Allowance (up to 180 days)	100
Ambulatory Care	
(a) Pre-Surgical / Medical Diagnostic Services (within 60 days)	As charged
(b) Pre-Surgical / Medical Specialist Consultation (within 60 days)	As charged
(c) Second Surgical Opinion	As charged
(d) Post-Hospitalization Treatment (up to 60 days, following discharge from hospital)	As charged
(e) Emergency Out-Patient Accidental Treatment (within 24 hours up to 60 days)	As charged
(f) Accidental Dental Treatment (within 24 hours up to 14 days)	As charged
(g) Daycare Procedure (Surgical / Medical) (inclusive all incidental costs, pre-daycare visits up to 60 days and post-daycare visits up to 60 days)	As charged
(h) Ambulance Fees (subject to hospitalisation)	As charged
(i) Emergency Out-patient Treatment (10PM-8AM)	100
(j) Medical Report Fee Reimbursement	80
(k) Out-Patient Rehabilitation Therapy, Chemotherapy, Radiation Therapy and Kidney Dialysis	As charged
Overall Limit (per policy year)	150,000
Compassionate Allowance Benefit	10,000

Orange highlight: reimbursement basis

Note :

1. The insurance risk is underwritten by AIA Bhd.
2. Any medical costs in excess of the benefit limit provided by your company will be borne by you.
3. Claims must be submitted to AIA within 30 days from the date of consultation or service.
4. Long term medications will only be issued on a monthly basis (note: over the counter purchase – not covered)
5. All medical costs under all insurance policies in Malaysia are subject to Malaysia Medical Association's Schedule 13 (KKM Kementerian Kesihatan Malaysia) guideline.
6. Any medical diagnosis or treatment that fall under policy's exclusion will not be covered.
7. Non-AIA platinum hospitals will collect admission deposit upfront upon hospital admission.

Exclusions

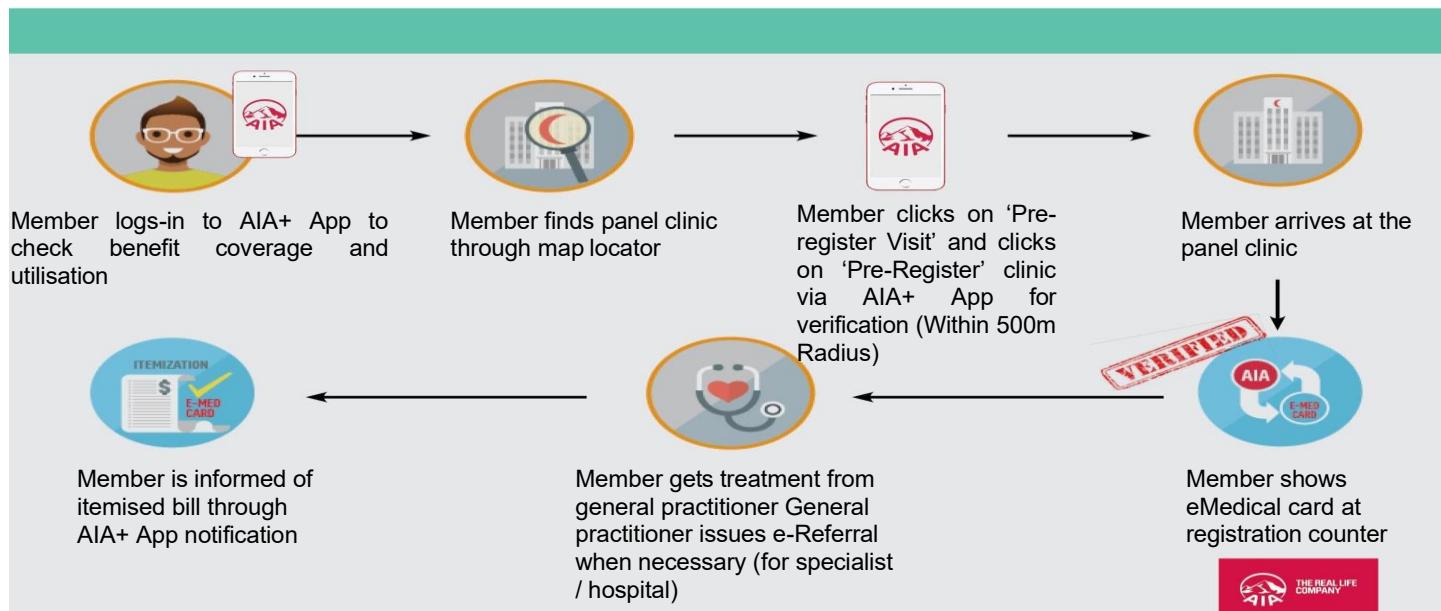
No benefit shall be payable for any of the following services, products or conditions or injuries resulting from:-

1. Plastic / Cosmetic surgery or treatment including (**but not limited to**) for e.g. double eyelids, acne, keloids, **scars, skin tags, gynaecomastia, diffused alopecia / hair loss, etc.**, or treatment of their complications.
2. Care and treatment that is experimental, investigative or unproven services and not according to accepted professional standards and / or is not medically necessitated. **This exclusion includes (but is not limited to) treatments such as:**
 - **stem cell treatment, related workout and any complications arising thereafter,**
 - **blood surety,**
 - **Hormone therapy and hormone replacement therapy, except for surgically induced menopause.**
 - **Surgical treatment specifically for weight reduction or gain.**
3. Treatment for injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind altering substance or suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
4. Any treatment, services and supplies for smoking cessation programs and the treatment for or arising from substance abuse such as alcohol, narcotics, etc.
5. Private nursing care, custodial care in any setting or house calls engaged by Insured Member or services for rest cure provided by rest / nursing home purely for recuperative purposes.
6. Mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Sexual dysfunction and tests or treatment related to impotence or sterilization.
7. Investigation and treatment relating to pregnancy including childbirth, **Ectopic Pregnancy and Vesicular Mole** and all complications arising therefrom. **However this exclusion does not apply to any miscarriage of below 28 weeks due to accidental causes under the Basic Policy coverage but is subject to its limitations for such coverage. If however, an Insured Member has Maternity Benefit coverage, it shall be subject to its respective benefit limitations.**
8. Sex transformation surgery and sex hormone therapy related to such surgery.
9. **Circumcision unless medically necessary for treatment of a disease.**
10. Conditions related to sexually transmitted diseases, AIDS and AIDS Related Complex or its sequelae, **and any communicable diseases requiring quarantine by law.**
11. Alternative therapies such as (**but not limited to**) Acupuncture, **Acupressure, Chiropractic, Osteopathy, Reflexology, Bonesetting, Massage, Aroma Therapy, Herbal, Podiatric, Dietetic consultation and treatment, education services / therapies & Traditional Complimentary Medicine etc.**
12. Vitamins / Supplements, Herbal Cures, Anti Obesity / Weight Reducing Agents, **Eye Lubricants and any over the counter purchases of supplements, medicines or out-patient prescribed and non prescribed medical supplies.**
13. Soaps, Shampoos, **Cleansers, Vitamin Creams, Vitamin Ointment, Moisturizers, Lubricants, Anti-Aging, Fairness Treatment and any product with similar effect.**
14. Psychotic, mental or nervous disorders and behavioral conditions including any neurosis and their physiological or psychosomatic manifestations.
15. **Any treatment or assessment for congenital, hereditary or developmental ailments, deformities and any Disability or complications arising therefrom, inclusive of but not restricted to such as dermoid cysts, childhood hernias / hydrocele (all hernia up to age of six is not covered), clubfoot, Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Thalassemia, Squint, Haemangioma, Traditional Complimentary Medicine etc.**
16. Diseases or disabilities of a newborn child contracted prior to or during birth or within the first **14 days** thereafter.
17. Allergy testing - blood / topical **including patch test.**
18. Hospitalisation primarily for investigatory purpose, routine physical examinations, health check-ups, **preventive treatments and diagnostic tests** not incidental to treatment or diagnosis of a covered disability.
19. Speech and Occupational therapy when not part of a rehabilitation program following hospitalization due to trauma, unless it is a follow-up to an inpatient disability and subject to its limitations.
20. **Any corrective treatment for refractive errors inclusive of but not limited to the following such as Orthoptics, Visual stimulation, Radial Keratotomy, Lasik, Intralase, Xyoptics, phacik IOL implant or intra-ocular lenses replacement surgery**
21. All corrective glasses or contact lenses, except **monofocal intraocular lenses in cataract surgery.**
22. Dental conditions including:-
 - (i) Dental care / treatment or oral surgery except as necessitated by accidental injuries. However to exclude the replacement of natural teeth, placement of denture and prosthetic services such as bridges & crowns of their replacement for accidental injury cases.
 - (ii) Upper and lower jawbone surgery except for direct treatment of acute traumatic injury or cancer.
 - (iii) Otherwise an Insured Member must have Dental Benefit coverage, subject to its limitations.
23. Use or acquisition of all appliances (e.g. artificial limbs, hearing aids, aero chambers and equipment for nebulising, **Continous positive airway pressure (CPAP), Continous ambulatory peritoneal dialysis(CAPD)**, orthopedic pads) and the rental charges of such devices except during hospital confinement under the **Basic Policy coverage** but is subject to its limitation for such coverage. If however, an Insured Member has Major Medical Benefit coverage, it shall be subject to its **respective benefit limitations**.
24. **Effects from radiation or contamination by radioactivity from any source.**
25. **War, riot, rebellions, insurrection, civil commotion, explosion of war weapons, terrorism related activity, active duty in any armed forces, direct participation in strikes, nuclear war, biological and chemical warfare / activities.**
26. Services of a non-medical nature provided by a hospital such as television, telephone, fax, radio or similar facilities. Admission kit / pack and other ineligible non-medical items (except for registration fees incurred during hospitalization only). Charges for these services must be paid by the Insured Member prior to discharge from hospital or daycare centre unless otherwise specified.
27. Out-Patient physical therapy or physiotherapy is not covered and cannot be referred at GP level. This service would only be covered when referred by a Specialist and treatment must be provided by a registered physiotherapist. An Insured Member must have **Basic Policy coverage**, subject to its limitations.
28. Out-Patient rehabilitation therapy, chemotherapy, radiation therapy, immunotherapy, photodynamic therapy, kidney dialysis and **other selected medically necessary treatment protocols, unless an Insured Member has the basic Group Policy coverage, subject to its respective benefit limitations.**
29. Preventive vaccinations except those stated under the guideline of Ministry of Health Malaysia that are applicable to eligible children only (subject to Out-Patient benefit limit, if any).
30. **Expenses incurred for donation of any body organ by an Insured Member and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.**
31. **Investigation and treatment of sleep and snoring disorders.**
32. **Expenses incurred for contact lens, use of cosmetic topically / orally / surgical procedures and any complications arising therefrom.**

AIA Procedure



Going to AIA Panel Clinic



Mandatory Malaysian Government Child Immunization

Note: Only claimable if immunization is being done at AIA Panel GP Clinics

APPENDIX 1 (NATIONAL IMMUNIZATION TABLE)

Vaccination	Months												Years		
	0	1	2	3	4	5	6	9	12	15	18	21	7	13	15
BCG	D1														
Hepatitis B	D1														
DTaP-IPV-Hep B-Hib			D1	D2		D3					B				
Pneumococcal				D1		D2				B					
Measles (Sabah only)						D1									
MMR							D1	D2							
JE (Sarawak Only)							D1				D2				
MR												B			
DT												B			
HPV (Female Only)													D1 D2		
Tetanus															B

D1- First Dose

D2- Second Dose

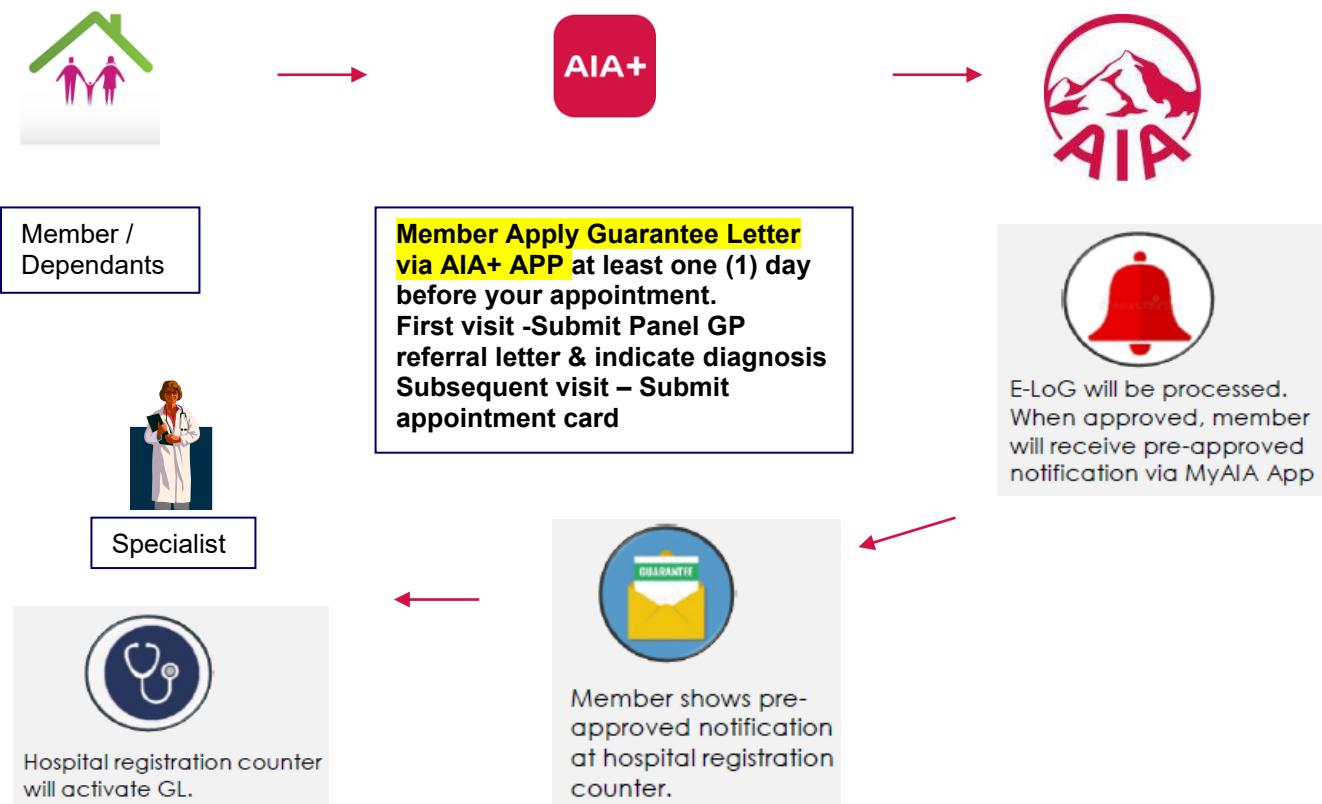
D3- Third Dose

B-Booster

Going to Panel Specialist (Guarantee Letter apply via AIA+ APP)

The Specialist will bill AIA directly for all covered services.

Note: Panel GP referral letter validity – 30 days



Note:

1. Hospital can also assist to apply a Specialist GL upon your visitation to Panel Specialist
2. If visit non-panel Specialist, you can pay first and submit claim for review

Admission to Panel Hospital

The Hospital will bill AIA directly for all covered services.

SPECIALIST

Specialist advice for admission &
Member to present E-Medical card, NRIC or Passport for registration



CALL CENTRE

Guarantee Letter (GL) issued to panel hospital within 60 minutes after received complete documents from hospital



DISCHARGE

Hospital compile all medical expenses incurred and fax to Call Centre for Final Guarantee Letter (GL) assessment



STEP 01

STEP 02

STEP 03

STEP 04

STEP 05

STEP 06



HOSPITAL

During registration, hospital will send the Hospital Admission Form (HAF) to Call Centre



TREATMENT

Member admit to hospital & to pay excess deposit (if requested by hospital)



END

Patient to pay excess/non-covered charges to hospital (if any)

During An Emergency

Definition of Emergency: Emergency shall mean treatment needed in the event whereby immediate medical attention is required within twelve (12) hours of injury, illness or symptoms which are sudden and severe failing which the member's life could be threatened (e.g. accident and heart attack), or lead to significant deterioration of health.

1. Seek medical care at the nearest GP Clinic or Accident and Emergency Unit (A&E) of the nearest Hospital, **direct to Specialist Is not considered as emergency**
2. Pay for your treatment and submit your claim to AIA for review. Indicate in the Claim Form/receipt that it was an emergency case, the date and time of the visit and reason.
3. If you are admitted, please call AIA 24-hour Call Centre at 1300 8888 60/70 for a Letter Of Guarantee or get hospital staff to assist.

Non-Cashless Specialist

1. AIA's Letter of Guarantee (LOG) will not be issued to Non-Cashless Specialist / Medical Centers. However, if any member wishes to seek consultation at Non- Cashless Specialists / Medical Centers, please pay first and submit your claim for review and reimbursement. Claims will be reimbursed according to the MMA Schedule of Fees and members' benefit entitlement.

Claims Submission

1. Complete and sign the **AIA Corporate Solutions Claim Form** which is available at your respective Human Resources Department. Or submit claims via AIA+ mobile app.
2. Attach Panel GP referral letter (for Specialist – first visit), Original Receipts, Copy of IC/Passport, Appointment Card (for follow-up), Medical Report (if any), lab report (if any) and Itemised Bill with the breakdown of the charges.
 - GP claim exceeds RM80
 - Specialist claim exceeds RM150
 - Government hospital: discharge note
 - Hospital claim exceeds RM500 (Medical report is required)
3. Send the completed claim form with attached documents to your Human Resources Department.
4. Eligible claims with full and complete documents will be reimbursed within 21 days from the date of receipt of claims by AIA Bhd.
5. You are advised to keep a copy of all documents sent to AIA Bhd.
6. Claims must be submitted to AIA Bhd. within 30 days from the date of treatment.

Types of Claims

Reimbursable claims

1. Non-Panel Emergency Claims and Emergency Outpatient Treatment at Hospital Accident & Emergency Unit.
2. Outpatient Government Hospital treatment.

Non-Reimbursable Claims

1. Panel Clinic Claims without the use of the AIA E-Medical Card.
2. Non-covered or excluded services, treatments and medication.
3. Claim from non-panel Clinics in a non-emergency situation.

Please refer to your Benefit Summary for benefits and procedures which may be specific to your company.