

COVID-19 Medical Plan Coverage Programme - Frequently Asked Questions (FAQ)

1. What is COVID-19 Medical Plan Coverage Programme?

COVID-19 Medical Plan Programme (“Programme”) is a special programme set up by Great Eastern to provide RM20 million goodwill medical plan coverage on COVID-19 for all insureds/persons covered of Great Eastern who own any of the eligible medical plans. For Great Eastern Takaful participants, the total claims will be capped at RM1.5 million.

2. Who is eligible for this Programme?

This Programme is applicable to all existing and new persons covered who are covered under the listed eligible medical plans below.

Eligible Medical Plans	
Current Selling Plans	
Plan Name	Plan Code
i-Medi Rider	J94-J95
i-Medi ExPlus Rider	J108
i-Medi Step-Up Rider	J122-J123
i-Medi ExPlus Step-Up Rider	J124
i-Great MediHarapan	739
Withdrawn Plans	
i-Medik Rider	H02U-H06U, A410-A414
i-Medik Rider-99	J50-J54
i-Medik Xtra Rider	J27-J30
i-Medik Xtender Rider	J33-J37
i-Medik Xtender Rider-99	J62-J66
i-Medik Plus Rider	J1-J3
i-Medik Asas Rider	J22-J25
i-Great MediMax	0718-0720
i-Medi Xtend Rider	J43-J45

3. What are the benefits covered under this Programme?

The Company will provide reimbursement for medical expenses resulting from hospitalisation treatment due to COVID-19 infection, in accordance with the respective medical plan’s benefits, terms and conditions* stated in the certificate documents.

**Except for the general exclusion in the medical certificates referring to communicable disease requiring quarantine by law where COVID-19 coverage is excluded. With this Programme, the eligible medical plans do not exclude COVID-19 coverage during the coverage period.*

4. What is the coverage period of this Programme?

The coverage period of this Programme is based on hospital admission date from 19 August 2021 until further notice, while the fund set aside for this Programme is still available and the total claims for Great Eastern Takaful has not reached RM1.5 million.

5. What are other terms and conditions of this Programme?

- A waiting period of 30 days applies from the risk commencement date/ risk effective date of the medical plan/ rider, or reinstatement date of the certificate, whichever is later.
- The certificates that resulted in the eligibility of this coverage must be in-force upon diagnosis, during the treatment due to COVID-19 and upon claims submission.
- The Company reserves the right to change and/or terminate the Programme earlier, should the prevailing conditions and circumstances change.

6. Is there any cost (i.e. additional contribution/ tabarru') that the person covered has to pay for this Programme?

No, there is no additional contribution/ tabarru' that the person covered has to pay for the protection under this Programme.

7. Will a claim under this Programme reduce the Overall Annual limit and Overall Lifetime Limit under the life assured's medical plan?

Yes, any claim from this Programme **will reduce** the Overall Annual Limit and Overall Lifetime Limit of the person covered's medical plan.

8. Will a claim under this Programme impact the i-Medik Xtra/ i-Medik "Increase to Initial Overall Annual Limit" benefit, where the Overall Annual Limit will be increased by 10% at the end of every 3rd certificate year provided there is no claim?

Yes, the medical claim under this Programme will affect the "Increase to Initial Overall Annual Limit" benefit.

Meaning to say if there is a claim under this Programme within any 3 consecutive certificate years, the person covered will not be entitled to this "Increase to the Initial Overall Annual Limit" benefit as any claim from this Programme will be counted as a claim under the medical certificate.

9. Will the COVID-19 claims cost from this Programme impact future repricing of the eligible medical plans?

The medical claims under this Programme will count towards the overall claims experience, as with other medical claims, which is one of the considerations in future repricing of medical plans. However, rest assured that internal controls and mitigation are in place to ensure prudent claims management so that claims from this Programme will not adversely affect the overall claims experience in the shorter term.

10. Can the person covered claim under this Programme if he/she is a Category 1 or 2 COVID-19 patient but was recommended by his/her doctor to be hospitalised?

In general, for a COVID-19 patient with no symptoms (Category 1 - asymptomatic) or who does not require active treatment i.e. in quarantine only (Category 1 - asymptomatic or Category 2 - symptomatic, no pneumonia), any services received during such hospitalisation including quarantine at quarantine centres, quarantine at hospitals or home quarantine would not be deemed as Medically Necessary. Hence, the expenses incurred will not be reimbursed under this Programme, unless there is

evidence showing the hospitalisation and treatment received are Medically Necessary and active treatment is required for the patient during the hospitalisation.

11. If the person covered has made a claim from the Financial Assistance Programme/ COVID-19 Vaccine Fund/ COVID-19 Private Hospitalisation Assistance Programme, is he/she still eligible for this Programme?

Yes, the person covered is still eligible for this Programme as long as he/she fulfils the eligibility criteria for this Programme.

12. Is the earlier announced COVID-19 Private Hospitalisation Assistance Programme still applicable?

With the launch of this Programme, the earlier COVID-19 Private Hospitalisation Assistance Programme, circular dated 31 March 2021 will no longer be applicable for Great Eastern Takaful effective 19 August 2021 (based on hospital admission date) as eligible person covered will be covered under this new Programme. Kindly submit any claim(s) for this COVID-19 Private Hospitalisation Assistance Programme not later than 3 months from the diagnosis dates.

Nonetheless, the Daily-Cash Allowance and Pre-Hospitalisation Benefits in Malaysian government hospital, COVID-19 Vaccine Fund (RM1.0 million) and COVID-19 Vaccine Fund Campaign for non-customers are still applicable as per earlier announcements.

13. If the hospitalisation due to COVID-19 happened overseas, is the person covered eligible for this Programme?

Yes, the claim will be processed and administered under this Programme based on the terms and conditions stated in respective certificate contracts, including terms related to Reasonable and Customary Charges, Medically Necessary and Residence Overseas clause.

14. Will there be any guaranteed letter issued if the person covered is hospitalised due to COVID-19?

No, any claim from this Programme will be on medical reimbursement basis.

Cashless facility is not applicable for hospital admission when the person covered is diagnosed with COVID-19. This means when a person covered is admitted to a private hospital for non-COVID-19 related treatment, and also tested positive with COVID-19; cashless admission will NOT be applicable and no Guaranteed Letter (GL) will be issued.

15. If the person covered has been admitted for some other conditions that is not related to COVID-19 and subsequently become COVID-19 positive, is cashless facility available for the entire hospitalisation?

No, even if the other conditions are covered on cashless basis, all Reasonable and Customary Charges related to Medically Necessary treatment for COVID-19 infection will only be covered on reimbursement basis.

16. What is considered as Medically Necessary for COVID-19 hospitalisation?

When the person covered receives among others, active treatments such ventilation support, oxygen supports, intubation or intravenous medication during hospitalisation due to positive diagnosis.

“Medically Necessary” means a medical service which is:-

- (a) consistent with the diagnosis and customary medical treatment for a covered Disability, and
- (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
- (c) not for the convenience of the person covered or the doctor, physician or surgeon, and unable to be reasonably rendered out of hospital (if admitted as an Inpatient), and
- (d) not of an experimental, investigational or research nature, preventive or screening nature, and
- (e) for which the charges are fair, reasonable and customary for the Disability.

17. Would the person covered be reimbursed for COVID-19 diagnostic test & Personal Protective Equipments (PPEs) used during such Medically Necessary hospitalisation?

Yes, COVID-19 test & Medically Necessary usage of PPEs during hospitalisation due to COVID-19 infection would be reimbursed based on Reasonable and Customary Charges.

18. Can the person covered submit claim under this Programme for expenses incurred for in-hospitalisation treatment for subsequent complication sustained due to COVID-19, e.g.: Pneumonia? Would the person covered be covered under this Programme, if the person covered has recurrence of COVID-19 infection and he/she is hospitalised as a result of the recurrence?

Yes, as long as it is for reimbursement of Reasonable and Customary Charges incurred for the Medically Necessary treatment received by the person covered when the person covered is hospitalised due to COVID- 19 during the coverage period of this Programme.

19. Can the person covered submit claim under this Programme for pre-hospitalisation and/or post- hospitalisation expenses incurred?

Yes, provided the person covered’s medical plan is an eligible medical plan under this Programme and the medical plan provides coverage for pre-hospitalisation and post-hospitalisation expenses, as well as in- hospitalisation expenses.

20. Can the person covered submit a claim under this Programme, if he/she was quarantined in a hospital or quarantine center or makeshift hospital for COVID-19 infection?

No, a claim for quarantine is not payable under this Programme.

21. Can the person covered submit a claim under this Programme where the person covered was hospitalised due to COVID-19 prior to 19 August 2021?

No, this Programme starts from 19 August 2021 and it is for hospitalisation due to COVID-19 based on hospital admission date on or after 19 August 2021.

Kindly submit any claim(s) for this COVID-19 Private Hospitalisation Assistance Programme not later than 3 months from the diagnosis dates.

22. Will the person covered be covered under this Programme if the certificate with the eligible medical plan was lapsed and subsequently reinstated?

Yes, the person covered will be covered under this Programme after the certificate is reinstated, provided the reinstatement date is within the coverage period, and subject to the waiting period again.

23. If a customer holds multiple policies/certificates from more than one (1) insurance/takaful company, can he/she reimburse any eligible medical expenses for COVID-19 from Great Eastern Takaful?

Yes, he/she can claim from the Programme, 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 their medical plan.

For instance, a person covered may be first claiming from other insurance/takaful company, if any, as such the Company will indemnify the balance eligible medical expense up to the benefit limit provided by their medical plan under this Programme.

24. If a person covered progressed from being a Category 2 COVID-19 patient to Category 4 COVID-19 patient and admitted to a hospital in Malaysia for medically necessary treatment, can he/she submit a claim for reimbursement under this Programme?

Yes, as long as the COVID-19 treatment is medically necessary, where the claims will be assessed based on the terms and conditions of the Programme, and subject to the limits of the eligible medical plan.

25. If a person covered has a medical plan which does not have the exclusion clause on communicable diseases requiring quarantine by law, is he/she entitled for the Programme?

No, this Programme is only for person covered of primary medical plan(s) with exclusion clause on communicable diseases requiring quarantine by law. Medical plans which do not have the exclusion clause on communicable diseases requiring quarantine by law are already covered for COVID-19 treatment, subject to the features and benefits as well as terms and conditions of the respective plans. For clarity, all Great Eastern Takaful medical plans have the exclusion clause on communicable diseases requiring quarantine by law.

26. How do I submit a reimbursement claim under this Programme?

You may obtain the claim forms from the Company's website:

<https://www.greasterntakaful.com/en/get-help/make-a-claim/hospital-and-surgical-claim.html>

You may send the original claim documents to us via mail to
Menara Great Eastern,
Great Eastern Takaful Berhad
Level 3, Claims Department
303 Jalan Ampang
50450 Kuala Lumpur

You may also submit the original claim documents to our Customer Service Center located at the 1st floor (Takaful Claims drop box) at our Head Office or the nearest branch.

27. How long does it take for the Company to process a claim?

The estimated timeframe to process a claim is within 10 to 20 working days upon receiving complete claim documents.

28. Who should I contact if I have further questions?

Please contact our Customer Careline at 1300 13 8338 or email to i-greatcare@greastertakaful.com

The terms “Great Eastern Takaful”, “Company”, “we” and “us” shall refer to Great Eastern Takaful Berhad.