



MONASH INTERNATIONAL STUDENTS HEALTH INSURANCE COVERAGE

TABLE OF BENEFITS

GROUP HOSPITAL & SURGICAL		
	TABLE OF BENEFITS	PLAN 1
1	Hospital Room & Board (Daily max up to 120 days)	200
2	Intensive Care Unit (Daily max up 30 days)	350
3	Hospital Supplies and Services	Full Reimbursement subject to Overall Limit provided the charges are within the recommendation of the MMA Guidelines and Reasonable and Customary Charges
4	Surgeon Fee	
5	Anaesthetist Fee	
6	Operating Theatre Charges	
7	Daily In-Hospital Physician's Visit (Max. 120 days)	
8	Pre-Hospital Diagnostic Tests <i>(within 31 days before hospital confinement)</i>	
9	Pre-Hospitalisation Specialist Consultation <i>(within 31 days before hospital confinement)</i>	
10	Second Surgical Opinion <i>(within 31 days before hospital confinement)</i>	
11	Post-Hospitalisation Treatment <i>(within 60 days from hospital discharge)</i>	
12	Emergency Accidental Outpatient Treatment <i>(within 24 hours after the accident & follow-up up to 60 days)</i>	
13	Daycare Procedure	
14	Ambulance Charges (by road)	
15	Government Service Tax	
16	Government Hospital Daily Cash Allowance (Max. 120 days)	
17	Medical Report Fee Reimbursement	200
18	Accidental Dental Treatment <i>(within 24 hours after the accident & follow-up up to 14 days)</i>	20,000
19	Annual Outpatient Cancer Treatment	20,000
20	Annual Outpatient Kidney Dialysis Treatment	20,000
21	Outpatient GP and SP Treatment (Annual Limit)	3,000
OVERALL ANNUAL LIMIT (PER PERSON)		30,000
22	Funeral Expenses	2,000
23	Emergency Medical Evacuation / Repatriation <i>(pay & claim for Repatriation benefit - send back to home country)</i>	200,000
24	Compassionate Visitation Benefit	5,000
25	Reimbursement Of Tuition Fees Due To Prolonged Period Of Disability (Per Semester)	10,000
26	Accidental Death Benefit	50,000

NOTE:

- 1) Some hospitals may require Personal Deposits (on top of treatment deposit granted by AXA) upon admission to pay excess or non-covered items under the policy. This deposit is refundable upon discharge. This Deposit amount may vary, e.g. RM 300 / RM 500/ RM1,000, depending on type of treatment.
- 2) Maximum one (1) Panel GP visit and one (1) SP visit per day.
- 3) SP Visit required valid Panel GP Referral Letter

DISCLAIMER:

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Policy Exclusion

- Any Pre-Existing Conditions (take over from AIG).
- Vitamins, Food Supplement, Herbal Cures, Anti Obesity/Weight Reducing Agents including off the counter medications.
- Private nursing care and house calls by doctors for any reasons.
- Hormone therapy
- Contraceptive medications and devices, sterilisation procedures, Treatment for complications, reversal of such procedures and the work up or Treatment of sexual dysfunction or infertility.
- Any circumcision unless Medically Necessary.
- Conditions related to sexually transmitted Disease, AIDS and AIDS Related Complex or its sequel.
- Preventive Vaccinations
- Diagnostics tests that are not related to the disability during the admission
- Extra food/Admission kit / inpatient kit / discharge pack/ Laundry, flask, extra toilet roll, tissue paper/ Newspapers, rental of television, telephone charges, electricity and similar facilities and other ineligible non-medical items
- Plastic/Cosmetic surgery, circumcision, eye examination, glasses, acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers, lens (except for basic lens) and prescriptions thereof.
- Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
- Rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequel.
- Communicable diseases required quarantine by law.
- More than one (1) Outpatient Consultation per day to a General Practitioner or Specialist.
- Cost of prescribed medicine without Consultation is not covered under the Outpatient GP Treatment benefit.
- All insured members will receive Outpatient GP Treatment from Panel GP Clinic on a Cashless Basis. Services provided by a non-panel Clinic will not be covered except in the event of an Emergency. **'Emergency'** shall mean in the event whereby immediate medical attention is required within twenty-four (24) hours for Injury, Illness or symptoms which are sudden and severe failing which will be life-threatening (such as accident and heart attack), or lead to significant deterioration of health permanently
- Specialist visit without valid Panel Clinic referral letter.
- Soaps, shampoos, vitamin creams and vitamin ointment is not covered under the Outpatient GP Treatment benefit.
- Chronic Illnesses such as Diabetes, High Blood Pressure, Asthma, Hepatitis B and C carriers, nerve disorders or degenerative Diseases, endometriosis, transverse myelitis and conditions arising therefrom or associated therewith is not covered under Outpatient GP Treatment benefit.

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- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations).
- Investigation and Treatment relating to pregnancy or its complications, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization. However, this exclusion does not apply to any miscarriage of below 28 weeks due to accidental clause under the Basic Policy coverage but is subjected to its limitations for such coverage.
- Hospitalization primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician and treatments specifically for weight reduction or gain.
- War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strike, riots and civil commotion or insurrection.
- Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
- Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- Expenses incurred for sex changes.
- Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aroma therapy or other alternative treatment.
- Cosmetic (aesthetic) surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment. However, we will pay for reconstructive surgery if:
 - It is carried out to restore function or appearance after an accident or following surgery for a medical condition, provided that member has been continuously covered under a plan of ours since the accident or surgery happened; and
 - It is done at a medically appropriate stage after the accident or surgery; and
 - We agree to the cost of the treatment in writing before it is done

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