Inspiring Confidence.
Accelerating Progress.

TOKIO MARINE
INSURANCE GROUP

Premier Medic Partner



Tokio Marine
Insurans (Malaysia) Berhad
198501000381 (149520-U)

tokiomarine.com
Life & Health | Property & Casualty

Snapshot of coverage

- Hospital & Surgical Insurance
- 4 simple plans
- Coverage up to RM120,000
- No lifetime limit
- Renewal up to age 100
- Cashless admission at panel hospitals
- Day Care Surgery Benefit
- Organ Transplant Benefit
- Home Nursing Care Benefit
- Traditional Medical Treatment Benefit
- Outpatient Physiotherapy Treatment Benefit
- Outpatient Cancer and/or Kidney Dialysis Benefit



Features

1. Premier Medic Partner is designed to provide comprehensive coverage to meet one's potentially high and yet unexpected medical bills up to age 100 years.
2. It provides wide coverage at an affordable premium to meet the spiraling cost of healthcare.
3. No limit to the number of days for Room & Board and ICU.
4. High limits of cover for Annual Limits.
5. One common level of premium regardless of gender.
6. No requirement for re-declaration of health status at renewal.
7. Covers all amateur sport activities.
8. Covers cost of 2nd opinion prior to Surgery.
9. Optional for 'Emergency Medical Assistance & Services' (EMAS) program which provides 24 hours and worldwide medical assistance up to a limit of RM1,750,000.00 at additional premium of RM20.00 per person per year. No geographical restriction is imposed.

Note:

- You should satisfy yourself that this plan will best serve your needs and the premium payable is an amount you could afford.
- Please notify Tokio Marine Insurans (Malaysia) Berhad should you not receive our acknowledgement within 14 days after your payment of premium.
- Policyholders must submit required documents within 30 days upon hospital admission.



Highlights of Premier Medic Partner

1. All eligible expenses are reimbursable up to the Limits of the Policy.
2. Renewal up to 100 years if you insure before the age of 65 years.
3. Policy is renewable at the option of the insured. However, the premium rates are not guaranteed.
4. 'Medical Card' facility for admission & discharge from hospitals for covered disabilities.
5. Medical costs for organ transplant are fully reimbursable up to the Limits of the Policy.
6. Coverage include:
   - Out-patient treatments for Cancer and/or Kidney Dialysis.
   - Out-patient Physiotherapy Treatments & Home Nursing Care after hospitalization.
   - Day Care Surgery
   - Traditional Medical Treatment for accidental injuries.

Choice of Plans

Benefits	Plan PM500 (RM)	Plan PM350 (RM)	Plan PM230 (RM)	Plan PM160 (RM)
Hospital Room & Board	500	350	230	160
Intensive Care Unit	'As Charged' subjected to 'Reasonable & Customary Charges' and Overall Annual Limit			
Surgeon Fees (Including Day Care Surgery)				
Anaesthetist Fees				
Operating Theatre Fees				
In-Hospital Physician Visits				
Hospital Services & Supplies				
Pre-Hospitalisation Diagnostic Tests & Specialist Consultation				
Post Hospitalisation Treatment				
Outpatient Physiotherapy Treatment				
Emergency Accidental Outpatient Treatment				
Emergency Accidental Dental Treatment				
Ambulance Fee				
Lodger Expenses	300	200	150	100
Traditional Medical Treatment	300	250	200	200
Medical Report Fee	50	50	50	50
Home Nursing Care	200	175	150	130
Daily Cash Allowance At Government Hospital	150	120	110	100
Overall Annual Limit Per Policy Year	120,000	85,000	60,000	40,000
Organ Transplant Once Per Life-Time	100,000	75,000	50,000	35,000
Funeral Benefit	4,000	3,000	2,000	1,000
Outpatient Cancer Treatment, Per Year	60,000	50,000	40,000	30,000
Outpatient Kidney Dialysis Treatment, Per Year	30,000	25,000	20,000	15,000



Annual Premium

Prior to 2 September 2025

Age at next birthday (years)	Plan PM500 (RM)	Plan PM350 (RM)	Plan PM230 (RM)	Plan PM160 (RM)
30 days to 18 years (child)	885.00	744.00	582.00	506.00
19 - 30 years	1,052.00	881.00	689.00	599.00
31 - 35 years	1,112.00	932.00	728.00	633.00
36 - 40 years	1,340.00	1,122.00	876.00	760.00
41 - 45 years	1,607.00	1,343.00	1,046.00	905.00
46 - 50 years	2,137.00	1,785.00	1,387.00	1,198.00
51 - 55 years	2,548.00	2,126.00	1,649.00	1,419.00
56 - 60 years	3,354.00	2,794.00	2,165.00	1,859.00
61 - 65 years	4,304.00	3,583.00	2,771.00	2,374.00
66 - 70 years (renewal only)	5,811.00	4,830.00	3,730.00	3,185.00
71 - 75 years (renewal only)	7,688.00	6,383.00	4,920.00	4,189.00
76 - 80 years (renewal only)	10,763.00	8,936.00	6,888.00	5,864.00
81 - 85 years (renewal only)	15,069.00	12,511.00	9,643.00	8,210.00
86 - 90 years (renewal only)	21,096.00	17,515.00	13,500.00	11,494.00
91 - 95 years (renewal only)	29,535.00	24,521.00	18,901.00	16,092.00
96 - 100 years (renewal only)	41,349.00	34,329.00	26,461.00	22,528.00

Effective from 2 September 2025

Age at next birthday (years)	Plan PM500 (RM)	Plan PM350 (RM)	Plan PM230 (RM)	Plan PM160 (RM)
30 days to 18 years (child)	928.00	780.00	610.00	530.00
19 - 30 years	1,103.00	924.00	722.00	628.00
31 - 35 years	1,166.00	977.00	763.00	663.00
36 - 40 years	1,406.00	1,177.00	919.00	797.00
41 - 45 years	1,686.00	1,409.00	1,097.00	949.00
46 - 50 years	2,327.00	1,943.00	1,510.00	1,304.00
51 - 55 years	2,775.00	2,315.00	1,795.00	1,544.00
56 - 60* years	3,654.00	3,043.00	2,358.00	2,024.00
61 - 65 years	4,689.00	3,903.00	3,018.00	2,374.00
66 - 70 years (renewal only)	6,332.00	5,262.00	4,063.00	3,185.00
71 - 75 years (renewal only)	8,378.00	6,955.00	5,361.00	4,189.00
76 - 80 years (renewal only)	11,729.00	9,738.00	7,506.00	5,864.00
81 - 85 years (renewal only)	16,423.00	13,635.00	10,509.00	8,210.00
86 - 90 years (renewal only)	22,992.00	19,089.00	14,713.00	11,494.00
91 - 95 years (renewal only)	32,191.00	26,726.00	20,600.00	16,092.00
96 - 100 years (renewal only)	45,068.00	37,416.00	28,840.00	22,528.00

Effective from 2 September 2026

Age at next birthday (years)	Plan PM500 (RM)	Plan PM350 (RM)	Plan PM230 (RM)	Plan PM160 (RM)
30 days to 18 years (child)	971.00	816.00	638.00	554.00
19 - 30 years	1,155.00	967.00	755.00	656.00
31 - 35 years	1,221.00	1,023.00	798.00	694.00
36 - 40 years	1,472.00	1,232.00	961.00	834.00
41 - 45 years	1,765.00	1,475.00	1,148.00	993.00
46 - 50 years	2,517.00	2,102.00	1,632.00	1,409.00
51 - 55 years	3,002.00	2,504.00	1,941.00	1,670.00
56 - 60* years	3,953.00	3,292.00	2,550.00	2,189.00
61 - 65 years	5,074.00	4,223.00	3,265.00	2,585.00
66 - 70 years (renewal only)	6,852.00	5,695.00	4,397.00	3,469.00
71 - 75 years (renewal only)	9,067.00	7,527.00	5,801.00	4,564.00
76 - 80 years (renewal only)	12,696.00	10,540.00	8,123.00	6,390.00
81 - 85 years (renewal only)	17,777.00	14,758.00	11,374.00	8,947.00
86 - 90 years (renewal only)	24,889.00	20,663.00	15,926.00	12,526.00
91 - 95 years (renewal only)	34,847.00	28,930.00	22,299.00	17,538.00
96 - 100 years (renewal only)	48,787.00	40,504.00	31,219.00	24,553.00

Effective from 2 September 2027

Age at next birthday (years)	Plan PM500 (RM)	Plan PM350 (RM)	Plan PM230 (RM)	Plan PM160 (RM)
30 days to 18 years (child)	1,014.00	852.00	666.00	578.00
19 - 30 years	1,206.00	1,009.00	789.00	685.00
31 - 35 years	1,275.00	1,068.00	833.00	724.00
36 - 40 years	1,537.00	1,287.00	1,004.00	870.00
41 - 45 years	1,844.00	1,541.00	1,199.00	1,037.00
46 - 50 years	2,707.00	2,260.00	1,755.00	1,515.00
51 - 55 years	3,229.00	2,693.00	2,087.00	1,795.00
56 - 60* years	4,253.00	3,542.00	2,743.00	2,354.00
61 - 65 years	5,459.00	4,544.00	3,512.00	2,797.00
66 - 70 years (renewal only)	7,373.00	6,127.00	4,730.00	3,754.00
71 - 75 years (renewal only)	9,757.00	8,100.00	6,242.00	4,939.00
76 - 80 years (renewal only)	13,662.00	11,342.00	8,741.00	6,915.00
81 - 85 years (renewal only)	19,131.00	15,882.00	12,240.00	9,683.00
86 - 90 years (renewal only)	26,785.00	22,237.00	17,138.00	13,558.00
91 - 95 years (renewal only)	37,503.00	31,135.00	23,998.00	18,984.00
96 - 100 years (renewal only)	52,506.00	43,591.00	33,599.00	26,579.00

Effective from 2 September 2028

Age at next birthday (years)	Plan PM500 (RM)	Plan PM350 (RM)	Plan PM230 (RM)	Plan PM160 (RM)
30 days to 18 years (child)	1,057.00	888.00	693.00	602.00
19 - 30 years	1,257.00	1,052.00	822.00	714.00
31 - 35 years	1,329.00	1,113.00	869.00	755.00
36 - 40 years	1,603.00	1,341.00	1,046.00	907.00
41 - 45 years	1,923.00	1,607.00	1,250.00	1,081.00
46 - 50 years	2,897.00	2,419.00	1,877.00	1,620.00
51 - 55 years	3,456.00	2,882.00	2,234.00	1,921.00
56 - 60* years	4,552.00	3,791.00	2,935.00	2,519.00
61 - 65 years	5,844.00	4,864.00	3,760.00	3,008.00
66 - 70 years (renewal only)	7,894.00	6,560.00	5,064.00	4,038.00
71 - 75 years (renewal only)	10,447.00	8,672.00	6,682.00	5,313.00
76 - 80 years (renewal only)	14,629.00	12,144.00	9,359.00	7,441.00
81 - 85 years (renewal only)	20,485.00	17,006.00	13,105.00	10,420.00
86 - 90 years (renewal only)	28,682.00	23,811.00	18,351.00	14,591.00
91 - 95 years (renewal only)	40,159.00	33,340.00	25,696.00	20,430.00
96 - 100 years (renewal only)	56,226.00	46,678.00	35,978.00	28,604.00

Effective from 2 September 2029

Age at next birthday (years)	Plan PM500 (RM)	Plan PM350 (RM)	Plan PM230 (RM)	Plan PM160 (RM)
30 days to 18 years (child)	1,100.00	924.00	721.00	626.00
19 - 30 years	1,309.00	1,095.00	855.00	743.00
31 - 35 years	1,384.00	1,159.00	904.00	785.00
36 - 40 years	1,669.00	1,396.00	1,089.00	944.00
41 - 45 years	2,003.00	1,673.00	1,301.00	1,125.00
46 - 50 years	3,087.00	2,577.00	2,000.00	1,726.00
51 - 55 years	3,683.00	3,071.00	2,380.00	2,046.00
56 - 60* years	4,852.00	4,040.00	3,128.00	2,684.00
61 - 65 years	6,230.00	5,184.00	4,007.00	3,220.00
66 - 70 years (renewal only)	8,415.00	6,992.00	5,397.00	4,323.00
71 - 75 years (renewal only)	11,136.00	9,244.00	7,123.00	5,688.00
76 - 80 years (renewal only)	15,595.00	12,946.00	9,976.00	7,966.00
81 - 85 years (renewal only)	21,839.00	18,130.00	13,971.00	11,157.00
86 - 90 years (renewal only)	30,578.00	25,386.00	19,564.00	15,623.00
91 - 95 years (renewal only)	42,815.00	35,544.00	27,395.00	21,876.00
96 - 100 years (renewal only)	59,945.00	49,766.00	38,357.00	30,629.00

Important to know

- Premium will increase gradually over a 5-year period effective from 02/09/2025.
- *For PM160 insured member aged 60 years old and above, the repricing will temporarily pause for one year effective 02/09/2025 as per BNM interim measures.
- The premium rate is not guaranteed and subject to revision. The premium revision reflects the Company's claim experience, cost of medical treatment and medical inflation.
- Premium is subject to RM10 Stamp Duty, and 8% Service Tax for Corporate/ Group policy.
- Premium charged is based on age at next birthday and it will increase with age upon renewal.
- Premium rates are based on standard health status. Loading will be imposed on health conditions and other factors.
- Occupations categorized under Class 3 shall be imposed a loading of 15%.
- A Group discount of 5% is allowed on the premium for a Corporate/Group policy.

Benefits

Hospital Room & Board
Reimburse the daily charges made by the hospital for room accommodation and meals incurred by the Insured Person for each day of confinement as a registered bed-paying patient in a Hospital.

Intensive Care Unit
Reimburse daily charges for confinement in an Intensive Care Unit or Cardiac Care Unit where prescribed by attending Physician or Surgeon.

Surgeon Fees
Reimburse the professional fees for surgical procedure, ward visits, pre-surgical and post surgical care 60 days before and after the operation. Also pays for 2nd opinion prior to surgery.

Anaesthetist Fees
Reimburse the professional fees for the supply and administration of anaesthesia.

Operating Theatre Fees
Reimburse Operating Room charges incidental to the performance of a Surgery.

In-Hospital Physician Visits
Reimburse the professional fees for treatment and ward visits for a non surgical disability.

Hospital Services & Supplies
Reimburse charges incurred in hospital for general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, X-ray, diagnostic tests, laboratory examinations, electrocardiograms, physiotherapy, rental of appliances, surgical implants, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma, oxygen and its administration.

Pre-Hospitalisation Diagnostic Tests
Reimburse charges for ECG, X-ray, laboratory and diagnostic tests incurred within 31 days preceding hospitalisation subject to written referral by a Doctor.

Pre-Hospital Specialist Consultation
Reimburse Specialist consultation fees for the first time consultation and incurred within 31 days preceding Hospitalisation subject to the written referral by a Doctor.

Post-Hospitalisation Treatment
Reimburse medical charges incurred for follow-up treatment by the same attending Physician and incurred within 60 days immediately upon discharge from Hospital for a non-surgical Disability. Cost of medicines is also payable for supply up to 60 days.

Home Nursing Care
Reimburse the daily professional fees of a Nurse and incurred within 100 days immediately upon discharge from hospital as recommended by the attending Physician.

Outpatient Physiotherapy Treatment
Reimburse the daily professional fees of Physiotherapist for outpatient physiotherapy treatment and incurred within 60 days immediately upon discharge from Hospital as recommended by the attending Physician.

Outpatient Cancer Treatment
Reimburse the medical charges incurred for radiotherapy and/or chemotherapy treatment on outpatient basis (including costs for consultation, examination tests, take home drugs).

Outpatient Kidney Dialysis Treatment
Reimburse the medical charges incurred for Kidney Dialysis treatment on outpatient basis (including costs for consultation, examination tests, take home drugs).

Organ Transplant
Reimburse medical charges incurred on transplantation surgery for the Insured Person being the recipient of the transplant of a kidney, heart, lung, liver or bone marrow. Payment for this Benefit is applicable only once per lifetime of an Insured Person whilst the Policy is in orce. The costs of acquisition of the organ and all costs incurred by the donors are not covered.

Funeral Benefit
Pay the stated lump sum benefit on the occurrence of ONE of the following events:

a) Accidental death of an Insured Person if death occurs within six (6) months from the date of the Accident.

OR

b) Death of Insured Person during the period of confinement in the Hospital or within 30 days upon discharge from the hospital provided only if at the date of his/her death, his/her age falls between 19 years and 60 years inclusive.

Frequently Asked Questions



1. **Who is eligible to enroll for Premier Medic Partner?**
   Any Malaysian or Permanent Resident of Malaysia aged 30 days to 65 years, and policy is renewable up to age 100.

2. **When does my cover begin?**
   Cover begins on the day your proposal form is accepted and upon full settlement of your premium. Please note that there is a 30 days waiting period for sickness/ illness before the insurance commences.

3. **Will it be easy for me to get admitted into 'Panel Hospitals' with 'Medical Card' facility?**
   Yes, it is easy for any Disability that can be readily confirmed to be covered by the Policy. All you have to do is to make a phone call to our service provider for confirmation at the time of admission.

4. **Am I covered outside Malaysia?**
   Yes, you are covered up to 90 days from the day you leave Malaysia but only in the event of an emergency and for non chronic illnesses, subject to written referral. (Please refer to the policy condition on 'Overseas Treatment'.)

5. What are the Exclusions?

Generally the Policy does not cover:

a. Sickness arising within the first 30 days of insurance.

b. Pre-existing Conditions. However, Disabilities that are declared to the Company in the proposal form and for which the Company does not impose any condition will be covered after 12 months of your insurance cover.

c. Specified illnesses occurring during the first 120 days of insurance cover.

d. Cosmetic treatments, dental conditions or refractive errors of the eyes except due to accidental injury, congenital abnormalities, pregnancy related conditions, AIDS or sexually transmitted disease, self-inflicted injuries, drug addiction, mental or nervous disorders, non-medical expenses, weight control, sexual dysfunction, medical examinations, investigative procedures, preventive treatment, nuclear or military-related activities, racing (other than foot racing), professional sports, underwater activities and criminal activities.

6. What is Pre-existing Condition?

Pre-existing Condition means Disability that the Insured Person has reasonable knowledge of on or before the effective date of insurance. An Insured Person may be considered to have reasonable knowledge of a Pre-existing Condition where the condition is one of which:

a. The Insured Person had received or is receiving treatment;
b. Medical advice, diagnosis, care or treatment has been recommended;
c. Clear and distinct symptoms are or were evident; or
d. Its existence would have been apparent to a reasonable person.

7. What is Specified illnesses?

Specified illnesses means the following Disabilities and its related complications:

i. Hypertension, cardiovascular disease and diabetes mellitus;
ii. All tumours, cancers, cysts, nodules, polyps, stones of the urinary and biliary system;
iii. All ear, nose (including sinuses) and throat conditions;
iv. Hernias, haemorrhoids, fistulae, hydrocele, varicocele;
v. Endometriosis including disease of the Reproductive System;
vi. Vertebro-spinal disorders (including disc) and knee conditions.

8. What is "Upgraded Room and Board Co-payment"?

If you are confined at a published Room & Board rate which is higher than your insurance entitlement, you will bear 20% of the other eligible expenses incurred.

9. What is "Portfolio Withdrawal Condition"?

The Company reserves the right to cancel the portfolio as a whole if it decides to discontinue underwriting this insurance product. Cancellation as a whole shall be given by written notice to the Insured and the Company will run off all policies to the respective expiry dates.

10. What is "Free-Look Period"?

If you are not fully satisfied with the Policy, you may return the Policy to us within 15 days from the date of delivery of Policy for cancellation. Premium paid will be refunded to you less any medical examination expenses incurred, if applicable.

11. What is the disadvantage for switching Medical Policy from one insurer to another?

The disadvantage is that if your current health status is less favorable to the new insurer, new terms, conditions and exclusions may be imposed on such illness. Thus we would advise you to check our accepting terms before the expiry date of your current policy.

12. What is the consequence of non-disclosure of material facts in the proposal form?

You are to disclose all matters which you know or reasonably in the circumstances could be expected to know to be relevant to our decision whether to accept the risk or not and the rates and terms to be applied, otherwise the policy issued may be void.

13. Who is Tokio Marine Insurans (Malaysia) Berhad?

We are a subsidiary of Tokio Marine Asia Pte. Ltd. which in turn is owned by Tokio Marine Holdings, Inc. Japan - one of the largest insurer in the world. Please visit our website for more information at tokiomarine.com.

Cashless admission

Day care surgery

Traditional medical treatment

Product Overview

A comprehensive medical insurance policy which covers medical cost incurred by you for hospitalization due to accidents or sickness.



MEMBER OF PIDM

The benefit(s) payable under eligible product is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact TMIM or PIDM (visit www.pidm.gov.my).

Tokio Marine
Insurans (Malaysia) Berhad
198601000381 (149520-U)

AGENT STAMP

Level 20, Menara Hap Seng 3
Plaza Hap Seng, No. 1, Jalan P. Ramlee
50250 Kuala Lumpur
Malaysia

T: (03) 2027 8200 / 2789 8800
F: (03) 2022 2295

tokiomarine.com

Customer Service Hotline
1800 88 0812

Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia

This brochure provides a brief description of the product and is not exhaustive. For full details on exclusions, terms and conditions, kindly refer to the actual Policy Document.

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