

# UNIVERSITI SAINS MALAYSIA INTERNATIONAL STUDENTS HEALTH INSURANCE PROGRAM

## STUDENT INFOPACK

27<sup>th</sup> August 2021



## Dear International Students

Welcome to Malaysia and to your studies in Universiti Sains Malaysia “USM”, one of the finest tertiary learning institutions in the country. We bid you a pleasant stay here and a most fulfilling learning experience in your pursuit of higher studies.

Malaysia also prides itself for having one of the best Healthcare Delivery Systems in the Asian Pacific Region, in the public and private sectors. Our healthcare providers are equipped with state-of-the-art medical facilities and services and our medical profession and specialists are accredited from some of the best medical schools in the world. The provision and financing of top-class quality medical care however comes with a price. Healthcare cost in Malaysia, especial in Private Hospitals, may be a burden to your Out-of-pocket expenses. If you are ill, you may need to prepare for an unplanned hospital admission or surgical operation.

USM International Students Health Insurance Program “USMISHIP” is a comprehensive and affordable Health Insurance Plan for international students, uniquely designed in collaboration between USM, Berjaya Sampo Insurance Berhad “BSI” as the Program underwriter and Marsh, as the appointed takaful broker for USM.

USMISHIP has a choice of four (4) health insurance plans where you can chose your plan, make payment and get covered online. Please visit to <https://online.berjayasompo.com.my/usm/> for the detail of insurance plans.

You may access to the healthcare facilities once enrolled to USMISHIP. MiCare Sdn Bhd “MiCare” is the Program Administrator for USMISHIP, an approved third party administrator “TPA” who is working with BSI to offer a complete solution to your health insurance needs, as and when you need them most.

Following are Highlights of this Health Insurance Program



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# SECTION ONE PLAN INFORMATION & HIGHLIGHTS

## SCHEDULE OF BENEFITS

No.	Inpatient Benefits (Max Anyone Disability)	Plan 1 (MYR)	Plan 2 (MYR)	Plan 3 (MYR)	Plan 4 (MYR)				
1	Hospital Room & Board - per day up to 120 days	300	300	200	100				
2	Intensive Care Unit - per day up to 20 days	350	350	350	350				
3	Hospital Supplies & Services	<p style="text-align: center;"><b>As Charged</b></p> <p style="text-align: center;"><b>(Subject to Reasonable &amp; Customary Charges &amp; 13<sup>th</sup> Fees Schedule of MMA's Professional &amp; Procedural Fees)</b></p>							
4	Operating Theatre Fees								
5	Surgical Fees & Post-Operative Care (Up to 60 days)								
6	Anesthetic Fees								
7	In-Hospital Physician's Visits (2 visits per day up to 120 days)								
8	Pre-Hospital Diagnostic Services (Within 60 days preceding confinement)								
9	Pre-Hospital Specialist's Consultation (Within 60 days preceding confinement)								
10	Post-Hospital Physician Treatment (Within 60 days following discharge)								
11	Second Surgical Opinion (Within 60 days of surgery)								
12	Daycare Surgery (Inclusive of incidental services & supplies, pre- & post-care visits within 60 days)								
13	Emergency Accidental Outpatient Treatment (Within 24 hours & up to 60 days follow-up treatment)								
14	Emergency Accidental Dental Treatment (Within 24 hours & up to 14 days follow-up treatment)								
15	Ambulance Fees (Road transport only)								
16	Emergency Sickness Treatment (Between 10pm to 8am)					100	100	100	100
17	Daily Cash Allowance at Malaysian Government Hospital - per day up to 120 days					100	100	100	100
18	Medical Report Fee	100	100	100	100				
19	Malaysia Government Services Tax	6% of eligible expenses							
<b>MAXIMUM LIMIT PER DISABILITY (PER PERSON)</b>		<b>55,000</b>	<b>55,000</b>	<b>45,000</b>	<b>35,000</b> <sup>4</sup>				

## SCHEDULE OF BENEFITS

No.	Extended Benefits (Annual Limit)	Plan 1 (MYR)	Plan 2 (MYR)	Plan 3 (MYR)	Plan 4 (MYR)
1	Annual Outpatient Cancer Treatment	25,000	25,000	15,000	10,000
2	Annual Outpatient Kidney Dialysis Treatment	25,000	25,000	15,000	10,000
3	Funeral Expenses (All causes)	2,000	2,000	2,000	2,000
4	Compassionate Visitation Expenses	5,000	5,000	5,000	5,000
5	Tuition Fees, replacement of missed subjects (Max. per semester) – for student only	10,000	10,000	10,000	10,000
6	Emergency Medical Evacuation/Repatriation Expenses	300,000	300,000	200,000	100,000

No.	Outpatient Clinical Benefits	Plan 1 (MYR)	Plan 2 (MYR)	Plan 3 (MYR)	Plan 4 (MYR)
1	<b>General Practitioner's Clinic</b> - Consultation, Medication & Injection - Diagnostic X-rays & Laboratory Tests - Minor surgical procedures	1,000	1,000	750	500
2	Deductible Amount/Co-payment (GP) (per visit)	Nil	30	30	30

### CATEGORIES OF COVER (Eligible student: 16 to 59 years old, renewable up to 70 years old)

No.	Annual Gross Premium (Inpatient Benefits + Extended Benefits & Outpatient Benefits)	Plan 1 (MYR)	Plan 2 (MYR)	Plan 3 (MYR)	Plan 4 (MYR)
1	Student	1,478	779	615	462
2	Spouse	1,478	779	615	462
3	Child	1,478	779	615	462

### CATEGORIES OF COVER (Eligible student: 60 to 70 years old, renewable up to 70 years old)

No.	Annual Gross Premium (Inpatient Benefits + Extended Benefits & Outpatient Benefits)	Plan 1 (MYR)	Plan 2 (MYR)	Plan 3 (MYR)	Plan 4 (MYR)
1	Student	2,660	1,403	1,108	831
2	Spouse	2,660	1,403	1,108	831
3	Child	2,660	1,403	1,108	831



## SECTION TWO ENROLLMENT

### ENROLLMENT PROCESS

Eligible students and their dependents (spouses & children), if any, who intend to participate in this International Students Health Insurance coverage (the “Program”) are required to complete enrollment and premium payment online via <https://online.berjayasompo.com.my/usm/>

Students who are age 60 to 70 years old are require to submit the following enrollment details to BSI ([ebusm@bsompo.com.my](mailto:ebusm@bsompo.com.my)) :-

- Name of Student/dependents;
- Passport Number (National ID Number) of Student/dependents;
- Date of Birth of Student/dependants;
- Gender
- Cover Plan;
- Period of Insurance;
- Phone No.;
- Student email address;
- Campus

### CERTIFICATE OF INSURANCE

Upon completion of enrollment, you will receive a copy of the e-Certificate of Insurance showing the insured person (international students and dependents) basic details namely the full name, passport number, period of insurance, coverage plan and plan details. The information on the Certificate of Insurance will form a record of insurance and also useful to facilitate the visa application.

#### • MICARE MOBILE APP (MyMed)

This Program uses extensively the services of the following Service Providers or TPA:

**MICARE SDN BHD (“MiCare”)**, who is the TPA for the Program and will be assisting the insured persons to access healthcare and manages all admitted claims on behalf for the Insurer. MiCare will send a “Welcome” e-mail to all eligible students via the registered e-mail address for MyMed app activation upon successful enrollment. Student may view their e-Medical card with MyMed app. The e-Medical Card is useful to facilitate access to healthcare providers – physicians, hospitals, ancillary service centres.

## GUARANTEE LETTER FOR PANEL HEALTHCARE ACCESS

This program is designed with your best interest at heart. As such, the insurer has arranged with various preferred hospitals (the “Panel Hospitals”) for your accessibility to healthcare on a “cashless” admission.

For this cashless admission to be valid, the insurer will have to first establish that the medical condition that you are currently seeking treatment for is covered under the terms of the insurance policy. This process of validating your admission is referred to as the **Pre-Certification** process. Once you are pre-certified for a covered medical condition, a Guaranteed Letter for admission will be given to the hospital, and all **eligible** hospital and allied medical expenses, including doctors’ fees, will be settled directly with the hospital.

In the event, if your medical condition is beyond the terms of coverage, or if there are other doubts or discrepancy, and there is a possibility that the Insurer will not be responsible to pay for the treatment, the pre-certification process will be invalidated. If such circumstances, if you intend to proceed with the treatment, you will have to personally settle all amount due to the hospital and later submit your insurance claim to the insurer for a review and assessment of your impending claim.

## SECTION THREE

# HEALTHCARE UTILIZATION

- **Access to Medical Care Facilities**

The program provides health insurance specified in the **Schedule of Benefits**. All insured students are provided with a guide copy as reference for access to hospital facilities in Malaysia. Insured persons will receive services upon presentation of their e-medical cards at these hospitals, including physician's office and ancillary service centres across the country. If necessary, the healthcare providers may call the TPA in order to verify eligibility or to ascertain that the student or dependent is covered under the program. Upon the TPA's confirmation, the healthcare providers will render services, adhering to any pre-certification guidelines as are required. Except for certain **Ineligible expenses** which fall under the student's responsibility as per the Schedule of Benefits where applicable, otherwise all medical bills will be forwarded by the healthcare provider directly to the TPA for claims processing. Once the claims are validated and admitted, your claims will be settled directly with the healthcare provider.

- **Co-ordinated Care Program**

Co-ordinated Care now constitutes an important component to healthcare in Malaysia and is a major review of utilization of medical facilities under the program. In Co-Ordinated Care, the insurer and healthcare administrators seek to provide healthcare quality assurance and cost-containment, for the long-term benefit of patients, medical services providers and program sponsors. The Co-Ordinated Care Program evaluates proposed treatment or services to assure that care received is appropriate and medically necessary for an insured person's healthcare needs. In addition, the program prescribes healthcare access procedures which are designed for the best available care at the most reasonable cost. **These processes are core to our program and serves to provide insured persons with affordable quality care in the relatively high cost healthcare environment.**

- **Pre-Certification and Utilization Review**

The Program provides these services to ensure that the hospitalization of insured persons is informed by professional opinion of cost-effective physicians and other healthcare practitioners. Hospital admissions comprise some of the most expensive medical care services and must be adequately managed to allow the program to respond to the patient's needs and produce the finest care available at the most reasonable cost. For this reason, it is mandatory that insured persons call the toll-free telephone number shown on the medical card for **pre-certification** as stipulated hereunder:

- i. Non-emergency hospital admission : call **4 days** before admission
- ii. Emergency hospital admission : call within **48 hours** of admission

This service is available to insured persons 24 hours every day. Initial pre-admission screening may indicate a need for our utilization review to conduct a large-case management for a healthcare professional to maintain continuous follow-up throughout the patient's hospitalization.



## SECTION FOUR

# CLAIMS SUBMISSION AND PAYMENT

- **General Claim Submission**

Physician, hospital and ancillary service centre bills for **Inpatient Services** rendered to insured persons will be forwarded by the healthcare providers directly to the TPA. As a general rule, students will not be required to make out of pocket payment for inpatient medical services received except for certain services in respect of which a co-payment for ineligible expenses, where applicable, as stipulated in the schedule of benefits.

- **Payment of Claims**

The TPA will review, and process all claims received from healthcare providers throughout the country. Once the claims are admitted by the insurer, the TPA will pay the claims directly to the healthcare providers or students as applicable. The same process will be accorded for reimbursement claims i.e. students for expenses which were initially settled by the insured person.

- **Subrogation**

If the insured person is injured or becomes ill through the act or omission of another person, and if benefits are paid under this program due to that injury or sickness, the program is entitled to a refund of all benefits paid on his/her behalf against the negligent party unless prohibited by any applicable law in this country. Insured persons are required to cooperate with the insurer to ensure that subrogation is obtained.

## SECTION FIVE CLAIMS FLOW

### ADMISSION & DISCHARGE PROCESS FLOW AT PANEL PROVIDER

- **Helpline**

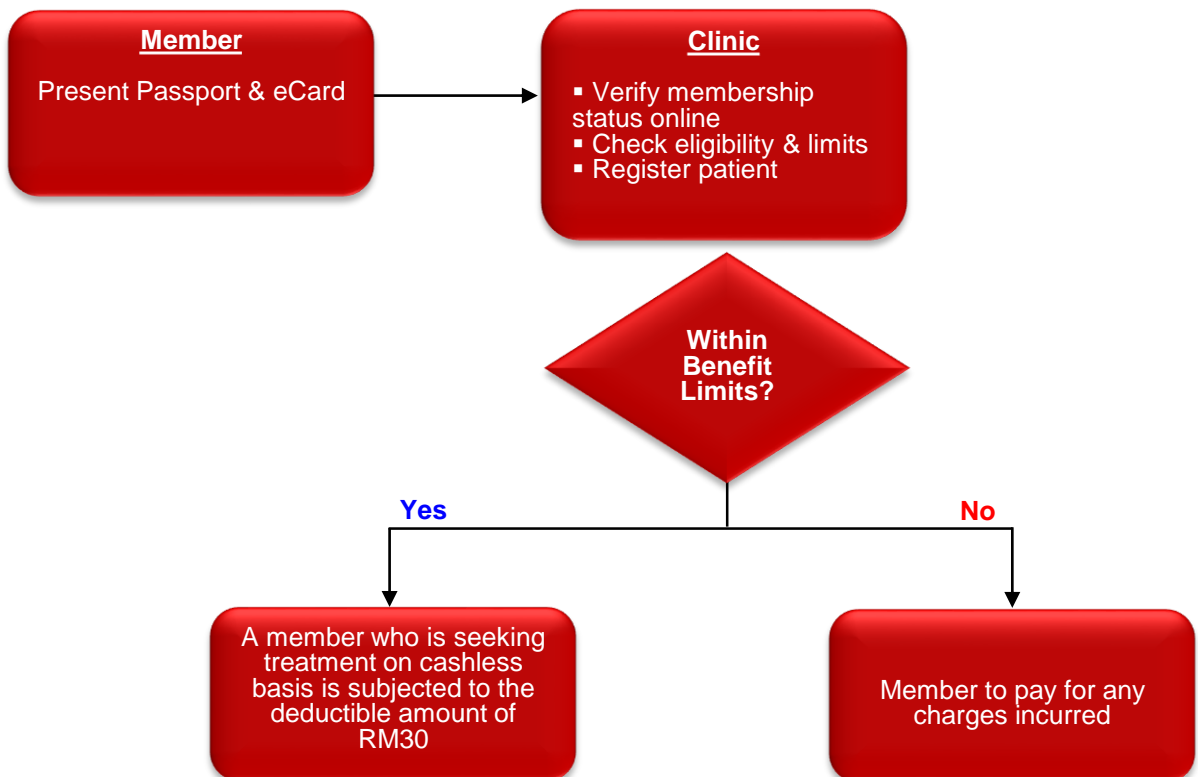
24-hour Toll-free assistance for enquiry on:

- ✓ Medical Benefits & Coverage
- ✓ Issuance of Guarantee Letter (GL)
- ✓ Panel Hospital Listing
- ✓ 1-800-88-9866

**For any GL Request**

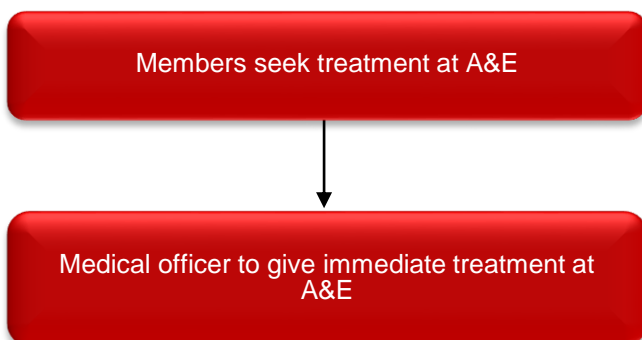
Admission : [admission@micaresvc.com](mailto:admission@micaresvc.com)

- **Panel GP Visitation Process Flow**



## ADMISSION TO PANEL HOSPITAL

- **Emergency Treatment At Accident & Emergency (A&E)**



- **Hospitalization : Pre-Admission**

- Step 1: Member to present eCard and passport prior to hospital admission.
- Step 2: Hospital to contact MiCare for membership verification at 1800-88-9866.
- Step 3: Doctor to fill in medical form and fax the relevant documents to MiCare.
- Step 4: MiCare to issue GL within 45 minutes to hospital if the medical condition and treatment coverage within the policy terms & conditions.

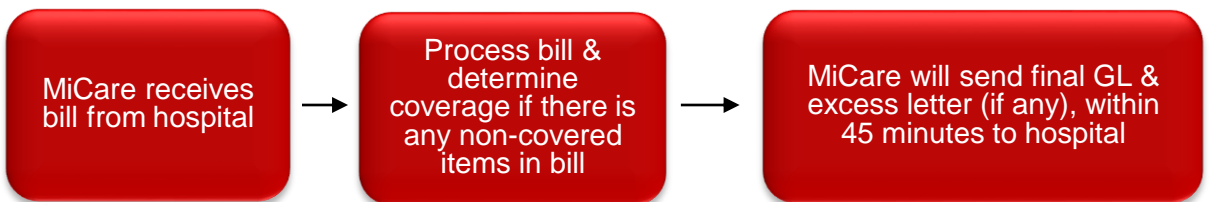
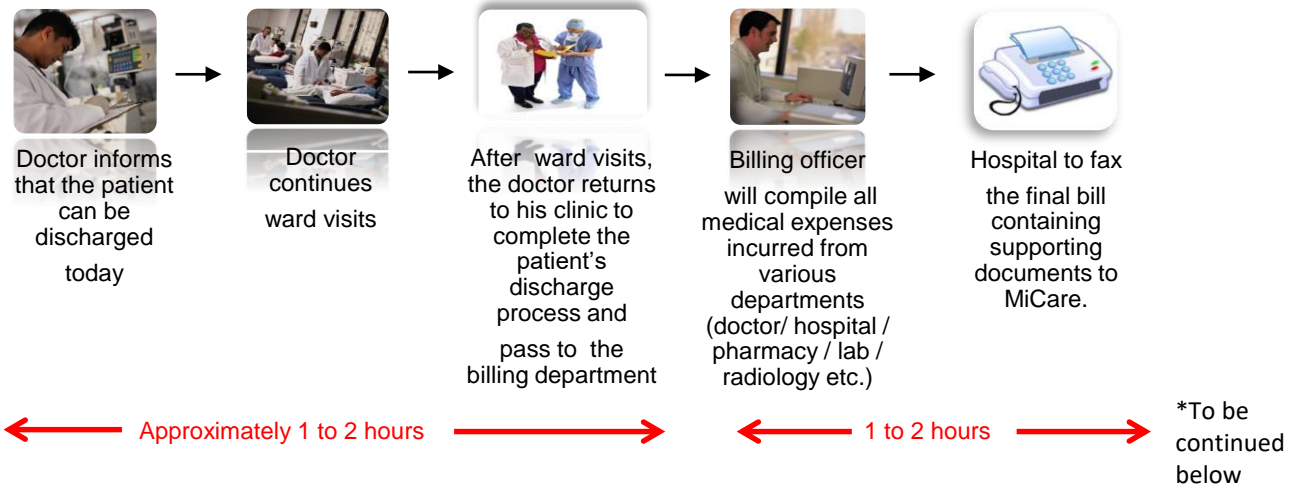


***Important***

- *Issuance of GL is subject to policy terms & conditions.*
- *If the case is not covered, member will have to pay the entire bill upon discharge or alternatively seek treatment at a government hospital instead.*

## ADMISSION TO PANEL HOSPITAL

### • Hospitalization : Discharge



**Important**

- Some hospitals may require deposit although GL is issued. This is to cover excluded items under the policy.

## REIMBURSEMENT PROCESS FLOW

- **Below situations will need to submit claims for reimbursement:**

1. Visit to non Panel Hospital
2. Pre Hospitalization Diagnostics test
3. Pre Hospitalization Specialist Consultation
4. Post Hospitalization follow up
5. Second Surgical Opinion
6. Emergency Accidental Outpatient Treatment
7. Emergency Accidental Dental Treatment
8. Emergency Sickness Treatment
9. Annual Out-patient Cancer Treatment
10. Annual Out-patient Kidney Dialysis Treatment
11. Daily Cash Allowance
12. Medical Report
13. Funeral Expenses
14. Compassionate Visitation Expenses
15. Tuition Fees, replacement of missed subjects (max per semester) – For student only
16. Clinical claims exceeded amount of RM300 per visit

- **Reimbursement Claim Procedure**

Submit the **ORIGINAL** copy of: Original Bill, Itemised Bill & Receipts, Completed Claim Form, Medical Report and diagnostic report (if any).



Submit all the required claim documents to Berjaya Sompo Insurance for processing.



Payment will be credited to member's bank account within 14 Working Days upon receiving completed claim documents and approval of claims.

\*\* **Remarks:** Send the claim notification with full set of claim documents to [ebusm@bsompo.com.my](mailto:ebusm@bsompo.com.my) before send out the hardcopy documents.

# REIMBURSEMENT PROCESS FLOW

## How To Complete the Claim Form

### PART I: To be Completed by Student



SOMPO, A Century of Trust

Claim Form

### HOSPITAL AND SURGICAL INSURANCE

PART I: TO BE COMPLETED BY CLAIMANT			
<b>SECTION 1 – PATIENT DETAILS</b>			
Policy No.		Patient Name	
NRIC / Passport No.		Date of Birth	
<b>SECTION 2 – POLICYHOLDER / EMPLOYEE DETAILS (for Group Insurance or patient is dependent)</b>			
Policyholder Name		Date of Employment	
Employee Name		Mobile No.	
Relationship to patient		Email Address	
<b>SECTION 3 – E-PAYMENT FOR PROMPT SETTLEMENT</b>			
Name of Account Holder		NRIC / Passport No.	
Bank Account No.		Business Registration No.	
Name of Bank		E-mail Address	
<small>Note: Please support your bank account details by providing copy of bank statement or passbook for verification. The settlement sum paid or credited to my/our bank account will constitute a valid and final discharge of all your obligations as insurer due to me/us.</small>			
<b>SECTION 4 – STATEMENT BY CLAIMANT (By Parent if claimant is a minor)</b>			
For Accident, please state the location			
Date and Time of Accident	Date		Time

- Section 1: Particulars of claimant** (Provide claimant details, e.g. full name, passport no. etc.)
- Section 2: Policyholder/Employee Details** (Further details on the student / dependent)
- Section 3: E-Payment** (Provide Malaysia bank account details)
- Section 4: Statement by Claimant** (Further explanation on the accident/ sickness)



# REIMBURSEMENT PROCESS FLOW

## How To Complete the Claim Form

### PART I: To be Completed by Student

Please describe clearly how the accident occurred and what you were doing at the time  (Use a supplementary sheet, if necessary)		
For Sickness, please specify the diagnosis		
Do you have other parties covering this loss? If yes, please provide	Received from	
	Amount received	
<b>DECLARATION AND AUTHORISATION</b>		
<p>I hereby declare that to the best of my knowledge and belief, the above details/information as provided by me are true and complete and I understand that the Company reserves all rights for final evaluation as appropriate on all or any part of the claims made. If I made or shall make any false/traudulent statements, or withhold any material facts whatsoever in respect of this claim, I shall forfeit all rights to recover from the Company.</p> <p>I authorise any hospital's doctor and/or other person who has attended or examined me, to furnish to the Company, and/or its authorised representatives, all information relating to any illness or injury, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A copy of this authorisation shall be considered as effective and valid as the original.</p> <p>I hereby authorise any Insurer/s to give full particulars about my claim history to Berjaya Sampo Insurance Berhad.</p> <p>I hereby authorise any relevant merchant (as shown as supporting document/s on this insurance claim) to give full particulars about my purchased history to Berjaya Sampo Insurance Berhad.</p> <p>In relation to the personal information collected in this claim form, I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority or obtained the consent to provide that information to the Company and/or its service provider, and have informed the said individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by the Company and/or its service provider, and the individual agrees and consents, that the Company and/or its service provider may collect, use and process my/his/her personal information for the purpose as it was provided and as indicated in the Company's Privacy Notice at <a href="http://www.berjayasompo.com.my">www.berjayasompo.com.my</a></p>		
Signature : _____ Name : _____ Date : _____		
*If Claimant is company, please affix company stamp		

**Declaration and Authorization:** Signature, name and passport no. of the claimants

## REIMBURSEMENT PROCESS FLOW

### How To Complete the Claim Form

#### PART II: To Be Completed by Attending Doctor

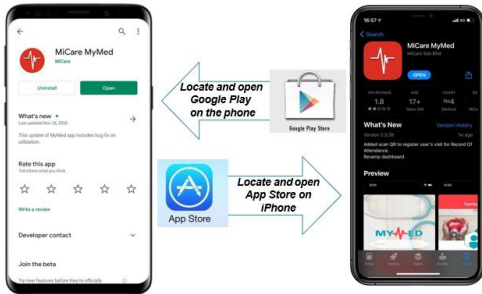
PART II: TO BE COMPLETED BY ATTENDING PHYSICIAN/SURGEON	
1. Name of Patient:	2. Name of Hospital:
3. Admission Date and Time:	4. Discharge Date and Time:
5. Symptoms / Conditions requiring admission:	
6. Vital signs: Temperature: _____ Pulse: _____ BP: _____	
7. Provisional Diagnosis:	8. Date you were first consulted:
9. Have you seen this patient before for other problem? (If Yes, please provide date and type of problem)	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Was this patient referred to you? (If Yes, please provide doctor's name and address or referral letter)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Has patient ever had the same or similar related conditions or symptoms before? (If Yes, please state when)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Name and address of doctors previously consulted by patient for the condition.	
13. How long in your professional opinion has the condition existed? _____ days _____ months _____ years	
14. Final Diagnosis / ICD Coding:	
15. Cause and pathology (if applicable) for the above diagnosis:	
16. Is this admission primarily for investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Medical treatment, investigations and Surgical procedure performed, if any (please provide copy of results)	
18. Any other medical / surgical conditions present? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, please provide details	
a. _____	since _____ dd/mm/yyyy
b. _____	since _____ dd/mm/yyyy
c. _____	since _____ dd/mm/yyyy
19. Insured's past medical history (if any)	
a. _____	dd/mm/yyyy
b. _____	dd/mm/yyyy
c. _____	dd/mm/yyyy
20. Is the illness or condition related to: (please tick (✓) if Yes)	
a. Congenital / Hereditary <input type="checkbox"/>	e. Self-inflicted injuries / Violation of laws / Strike / Riots <input type="checkbox"/>
b. Influence of Drugs / Alcohol <input type="checkbox"/>	f. Cosmetic / Plastic surgery <input type="checkbox"/>
c. Anxiety / Mental / Nervous / Emotional disorder <input type="checkbox"/>	g. Dental care / refractive errors correction <input type="checkbox"/>
d. AIDS / STD / VD / HIV <input type="checkbox"/>	h. Pregnancy / Childbirth / Infertility / Caesarean section / Miscarriage or any complications arising therefrom <input type="checkbox"/>
21. Can this sickness or injury be treated as:	
a. Outpatient basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Day surgery basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
(If No, please provide details)	
22. Was the patient pregnant at the time of hospitalization? (For female patient only) <input type="checkbox"/> Yes _____ months <input type="checkbox"/> No	
23. If hospitalization was due to accident, please indicate:	
Date: _____ dd/mm/yyyy	Time: _____ am/pm
Nature of accident: _____	Extent of injury: _____
24. I hereby certify that I have personally examined and treated Patient for his / her injuries / illness described above and that the facts as stated above represent my medical opinion of his / her condition.	
_____	_____
Date	Name & Signature of Attending Doctor
_____	_____
	Doctor / Hospital Stamp

Attending doctor to complete this page (for claims amount that above RM500).

\*\*Disclaimer: BSI reserve the right to request the medical report even if the claims amount is below RM500.

# SECTION SIX MICARE MYMED APP USER GUIDE

## • How To Download MiCare MyMed App



## • MyMed Login Screen

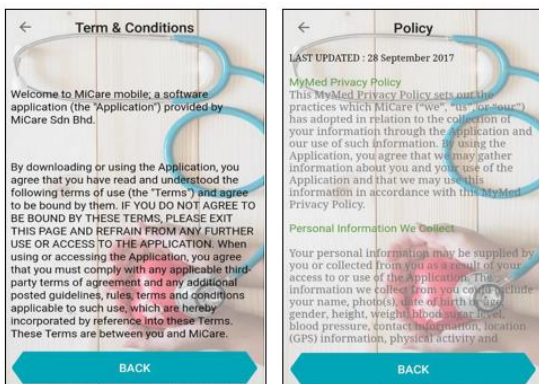


1. User to insert user ID and password and proceed for login.
2. User can enable fingerprint login feature.

### Remark:

- *In order to enable fingerprint login, user's phone must be able to support this feature.*
- *Once fingerprint login feature is enabled, user can login via fingerprint by clicking "Fingerprint" icon located at the side of Login button.*

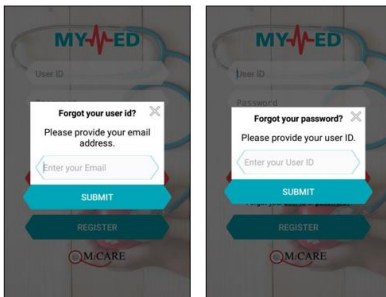
## • MyMed Terms and Conditions



1. User can click on **Terms of Use** located on **Login** screen to view the app term and conditions.
2. User clicks **Back** to proceed using the app.
3. User can click on **Privacy Policy** located on **Login** screen to view the app policy.
4. User clicks **Back** to proceed using the app.

## MICARE MyMed APP USER GUIDE

### • Reset your password



1. If user forgot his user ID, click on **Forgot User ID/ Forgot your password.**
2. User then required to insert email/ user ID, system will send the **user ID** to inserted email.

### • Sign in with Fingerprint

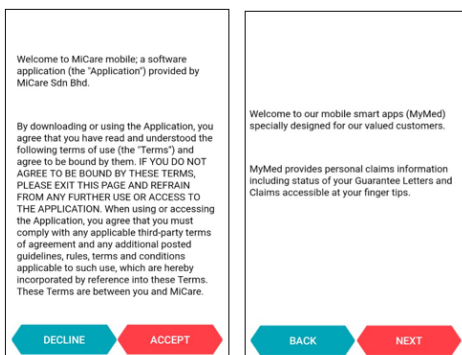


1. User clicks on **Enable** to turn on fingerprint login function.
2. If user wishes to remain login using username and password, then to click **Skip**.

#### **Remark:**

User can still enable/ disable fingerprint login function from Dashboard > More > Settings > Fingerprint

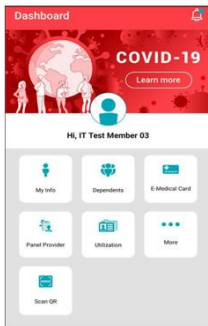
### • Log into MyMed



1. Once login successful for 1<sup>st</sup> time, system will display **Term & Conditions**. User clicks on **Accept** in order to proceed to next screen.
2. System will show **Welcome Notes** to user after successfully login.
3. User clicks on **Next** to proceed to **Dashboard**.

## MICARE MyMed APP USER GUIDE

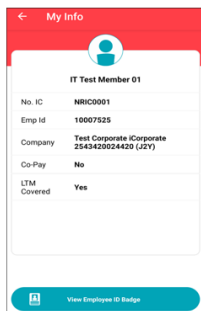
- **MyMed Dashboard**



In Dashboard screen, all the function screens are available for user to select:

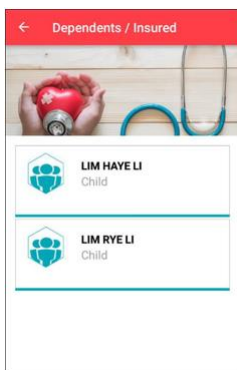
- My Info
- Dependents
- E-Medical Card
- Panel Provider
- Utilization
- More

- **My Info**



1. Dashboard > My Info

- **Dependents Info**



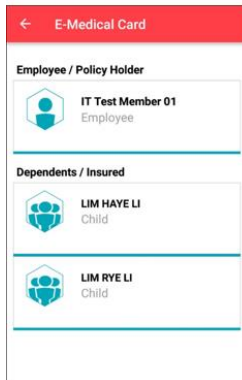
1. Dashboard > Dependents / Insured

2. User can view their dependents. System will display dependents list and the relationship with user.

3. User can view full details of his dependents when they click on the dependent's name

## MICARE MyMed APP USER GUIDE

### • E-Medical Card



1. Dashboard > e-Medical Card
2. User can view e-medical card
3. User can also view dependent's e-medical card (if applicable).



1. System will display e-Medical Card (in **landscape mode**) based on user's corporate.
2. Scroll left/right to view both front and back of the e-Medical Card.
3. User can download the e-Medical Card by clicking on it.

*Remark:  
E-Medical Card is recognized by all panel providers.*

### • Panel Provider

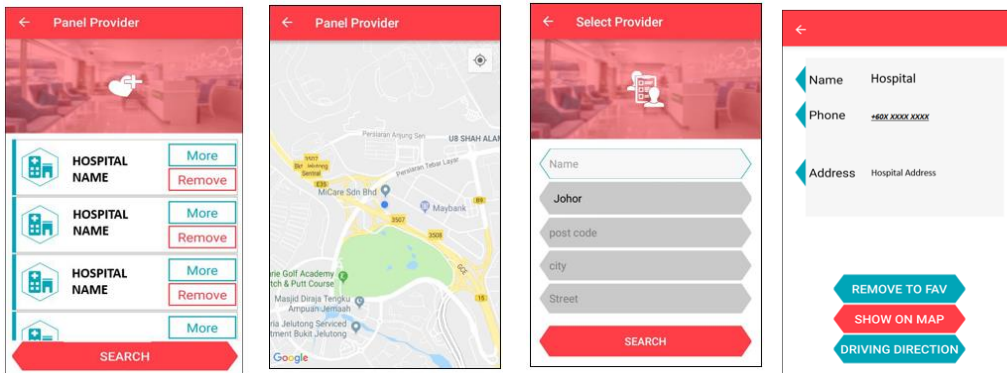


1. Dashboard > Panel Provider
2. User can perform the following functions:
  - View and manage favourite provider
  - Search provider near me
  - Search provider



## MICARE MyMed APP USER GUIDE

### • Panel Provider



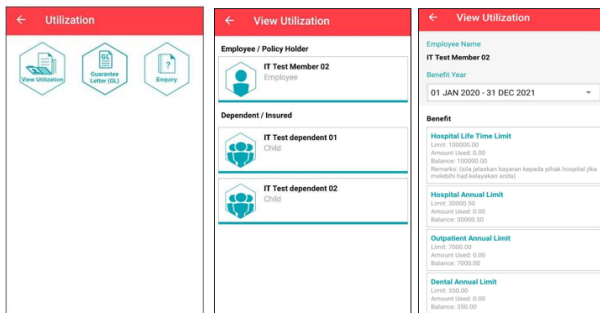
1. Dashboard > Panel Provider
2. User can perform the following functions:
  - View and manage favourite provider
  - Search provider near me
  - Search provider
3. Panel Provider > Favourite Provider
4. User can view the added provider(s) after added into favourite list.
5. From provider field, user can click **More** to view the provider details.
6. User clicks on **Search** in Favourite Provider screen to search healthcare panel provider.
7. Panel Provider > Provider Near Me
8. User can locate healthcare panel nearby.
9. Panel Provider > Search Provider
10. User inserts provider details to search accordingly.
11. Once done inserting provider details, system will display providers found to user.
12. User can view the provider details selected.
13. User can also be able to perform following functions:
  - Remove from favourite list
  - Show on Map
  - Show driving direction (Navigation)

### **Remark:**

- *User requires to activate GPS location in order to determine current location access map function.*
- *For Huawei phone users, they requires to perform manual zoom in for the maps.*

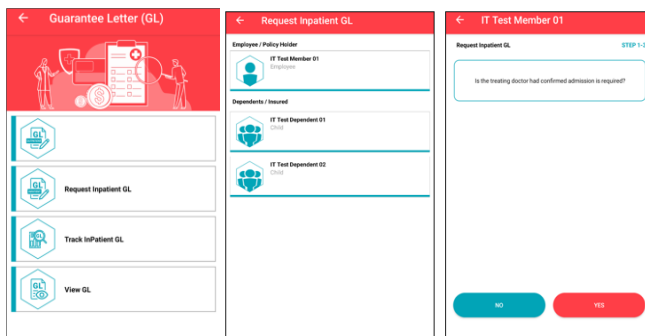
## MICARE MyMed APP USER GUIDE

### Utilization



1. Dashboard > Utilization
2. There are few functions in Utilization screen:
  - View Utilization
  - Guarantee Letter (GL)
  - Enquiry
3. Utilization > View Utilization
4. User can view his utilization details as well as dependent's data (if applicable).
5. User can sort the utilization records by selecting benefit year range.

### Guarantee Letter

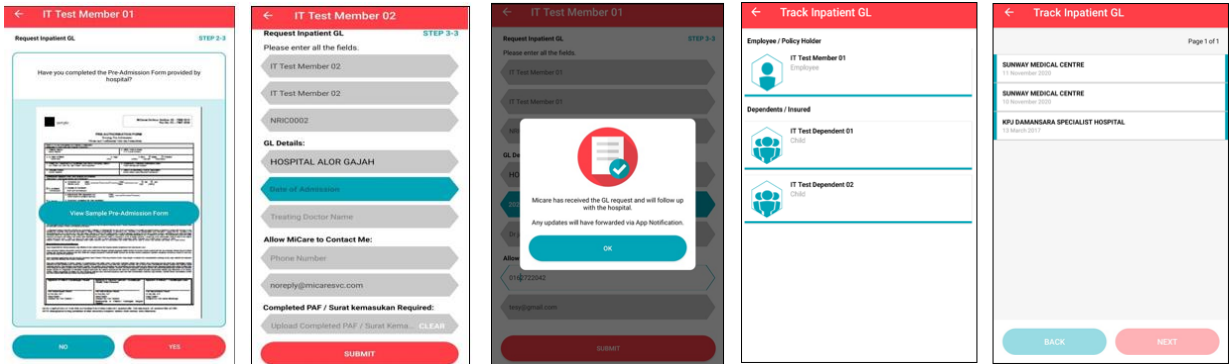


1. Utilization > Guarantee Letter (GL)
2. User can perform the following functions:
  - Request inpatient GL
  - Track inpatient GL
  - View GL
3. Guarantee Letter (GL) > Request Inpatient GL
4. User can submit his inpatient GL request as well as dependent's (if applicable).
5. User to click **Yes** to move to next page.

*Remark: This feature is open to corporate upon request.*

## MICARE MyMed APP USER GUIDE

- **Guarantee Letter**



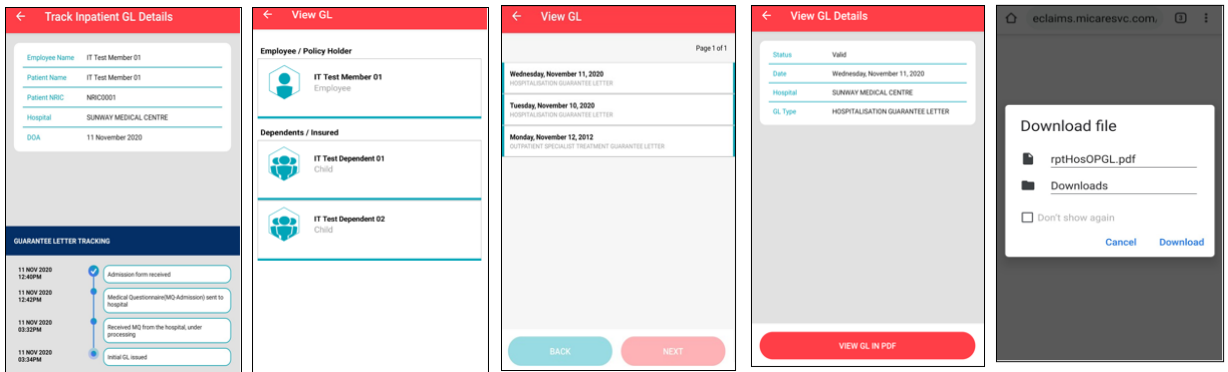
1. User can view sample pre-admission form.
2. User to click **Yes** to move to next page.
3. User will require to fill up Inpatient GL details as below:
  - Hospital Name
  - Date of Admission
  - Treating Doctor Name
  - Phone Number
  - Completed PAF / Surat Kemasukan
4. Once done, user clicks **Submit** to send the request.
5. System will pop out this message once user submit the Inpatient GL request successfully.
6. Guarantee Letter (GL) > Track Inpatient GL
7. User can track his current inpatient GL progress as well dependent's (if applicable).
8. User to select GL record from listing.

**Remark:**

- System will auto-populate MiCare staff email.
- If there are no email auto-populated, user can request from company HR.
- User's request will be sent to MiCare staff for support.

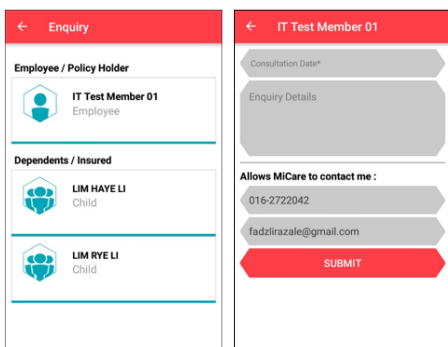
## MICARE MyMed APP USER GUIDE

### • Guarantee Letter



1. User can view Inpatient GL details and track GL progress.
2. Guarantee Letter (GL) > View GL
3. User can view his GL as well as dependent's' (if applicable).
4. User to select GL record.
5. GL details are as below:
  - Status
  - Date
  - Hospital
  - GL Type
6. User can view GL in PDF form.
7. If user views GL in PDF, system will direct to phone web browser and download the PDF file.

### • Enquiry



1. Utilization > Enquiry
2. User can ask for his enquiry as well as for his dependent's (if applicable).
3. User is require to provide enquiry details as below:
  - Consultation Date
  - Enquiry Details
4. Once done, user clicks **Submit** to send the Enquiry.

#### **Remark:**

- System will auto-populate MiCare staff email.
- If there are no email auto-populated, user can request from company HR.

## MICARE MyMed APP USER GUIDE

- **Important Contact Details**

### **MiCare Contact Centre**

24 x 7 Medical Helpline (Toll-Free):

**1-800-88-9866**

E-Mail (on administrative matters):

[callcenter@micaresvc.com](mailto:callcenter@micaresvc.com)

Fax No. (24 Hours):

**603-7847-4304 (24 hours)**

## **SECTION SEVEN**

### **PANEL PROVIDERS LIST (AS AT 12<sup>TH</sup> JULY 2021)**

Please visit the link below for list of panel providers:-

[USM\\_Panel\\_providers\\_list.xls \(berjayasompo.com.my\)](https://berjayasompo.com.my/USM_Panel_providers_list.xls)



## PROGRAM ADMINISTRATORS / THIRD PARTY ADMINISTRATORS “TPA”

### MiCare Sdn Bhd (Company No.: 727400-M)

Block A, No.22, Jalan Astaka U8/84 Seksyen U8  
Perindustrian Bukit Jelutong, Bukit Jelutong  
40150 Shah Alam, Selangor  
E-mail: callcenter@micaresvc.com

To verify coverage, eligibility, hospital admission or for claims inquiries please call: 1800 88 9866

## PROGRAM UNDERWRITER

USM International Students Health Insurance Program is underwritten by **Berjaya Sampo Insurance Bhd “BSI”**. BSI is licensed by Bank Negara Malaysia. BSI has over 20 years’ of experience in serving commercial, institutional and individual customers from across Malaysia.

Level 36, Menara Bangkok Bank  
105, Jalan Ampang  
50450 Kuala Lumpur, Malaysia  
Tel: +603 2117 2118  
Fax:+603 2142 4392  
E-Mail: ebusm@bsompo.com.my  
[www.berjayasompo.com.my](http://www.berjayasompo.com.my)

## PROGRAM MANAGER

### Marsh Takaful Brokers (M) Sdn Bhd

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Q Sentral, 2A Jalan Stesen Sentral 2  
Kuala Lumpur Sentral,  
50470 Kuala Lumpur, Malaysia  
Tel: +603 2302 8500  
Fax: +603 2302 8555  
[www.marsh.com.my](http://www.marsh.com.my)

Suite 8.04, 8<sup>th</sup> Floor  
MWE Plaza, No. 8, Lebuhr Farquhar  
10200 Penang, Malaysia  
Tel: +60 4 296 2400  
Fax: +60 4 296 2450

## ON-SITE SECRETARIATE

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Building C09, Universiti Sains Malaysia  
11800 Penang, Malaysia  
Email: [dir\\_imcc@usm.my](mailto:dir_imcc@usm.my)  
Tel: +604 653 2770  
Fax: +604 653 2781

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