

Updates and Frequently Asked Questions (FAQ) on Interim Measures for Premium Repricing



Updated as of 1 May 2025

Premium Repricing Update: Continuing Our Commitment to Your Coverage

We are committed to keeping you informed about the latest developments regarding Bank Negara Malaysia's (BNM) interim measures for premium repricing. These measures are designed to support policyholders over the next 3 to 5 years while broader national reforms are implemented to better control private healthcare costs. These interim measures provide temporary support by allowing premium increases to be spread over three (3) years ensuring that yearly premium adjustments due to medical inflation for at least 80% policyholders will be less than 10%. This approach helps maintain affordability of your protection, thus enabling you to access necessary medical care even as comprehensive reforms are underway in the healthcare sector to address rising costs and keep MHIT products affordable.

We have updated our Frequently Asked Questions (FAQ) to clarify any questions or concerns you may have regarding these changes. Our commitment to transparency and support remains steadfast as we guide you through this process. We appreciate your patience and trust as we diligently implement these measures. Further updates will be made provided on our website at <https://www.manulife.com.my/interimmeasures>

Thank you for choosing us as your partner in protection.

Frequently Asked Questions (FAQs)

1. Which products are affected by the interim measures for premium repricing?

The interim measures apply to policyholders whose premium are adjusted due to repricing cycles in 2024, 2025 and 2026. These measures currently include the following products with policy anniversaries starting August 1, 2024:

Investment-Linked Product	Ordinary Life Products
1. Manulife Health Saver Benefit (issued prior to June 1, 2024)	1. XCA Gold Medical Plan 2. Signature Medicare 3. Signature Major Medicare 4. Signature MediGold 5. Signature Major MediGold

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The interim measures are designed as temporary support for policyholders over the next 3 to 5 years. They are not intended to be permanent solutions. Instead, these measures provide immediate relief while a more sustainable long-term approach to managing private healthcare costs is being developed. During this period, efforts are underway to implement broader national reforms aimed at establishing a more sustainable healthcare ecosystem. These reforms will address rising medical costs and ensure that insurance products remain affordable for the long term.

Your policy benefits will remain unchanged during this interim measure period. These measures are intended to help manage the financial impact of premium adjustments without altering your coverage or benefits. You will continue to receive the same level of benefits as specified in your policy terms.

2. The premium amount in my repricing letter doesn't reflect the staggered premium over three years. What should I do?

We have issued the revised medical revision letter on 20 May 2025. To access your premium repricing letter and view any updates to your policy, please log into our online portal Manulife Online at <https://online.manulife.com.my/login>. For assistance with registration and login, you can refer to our step-by-step guide available at <https://www.manulife.com.my/userguide>

If you are unable to find a copy of the letter, please contact your servicing agent or reach out to our customer service team. You can call us at 03-2719 9112 or 1-300-13-2323, or email us at MYCARE@manulife.com. Our representatives are available to provide information about your policy and confirm if any repricing has occurred.

Regarding refunds, our systems will be fully updated in the second half of 2025. Once the update is complete, we will process refunds by crediting the excess Premium to your bank account for Ordinary Life products or adjusting the Cost of Insurance to your policy account value for Investment-Linked product. You will receive a notification via email or SMS once the refund has been processed.

Scenario 1: For Investment-Linked Products:

Here's how the staggered premium plan works:

- **Premium Repricing Letter:** Indicates an 18% increase in Cost of Insurance.
- **Staggered Premium Plan:** Implements a 6% increase in Cost of Insurance each policy year over a three-year period.

Breakdown:

- **First Year:**
 - Initially, there will be an 18% increase in the Cost of Insurance
 - Starting January 1, 2025, this increase will be staggered to 6% each year over 3 years.
 - Although your initial letter might still reflect an 18% increase, rest assured that Manulife will refund the difference in Cost of Insurance, ensuring only a 6% increase from January 1, 2025, onward.

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Before the system adjustments are made, your letter will show an 18% increase in the Cost of Insurance. Once the system is updated, Manulife will refund the difference in Cost of Insurance, ensuring that the increase is effectively reduced to 6% moving forward.

- **Second and Third Years:** There will be a further 6% increase in the Cost of Insurance each year for the second and third years.
- **Refund and Account Value:** There will be no immediate refund for any excess premium paid due to the staggered increase in premium. However, any excess in the Cost of Insurance charged will be refunded to your Account Value following the system update.

Please note that the actual increase in Cost of Insurance for your medical plan may vary from the illustration above.

Scenario 2: For Ordinary Life Products:

Here's how the staggered premium plan works:

- **Premium Repricing Letter:** Indicates an 18% increase in Premium.
- **Staggered Premium Plan:** Implements a 6% increase in Premium each policy year over a three-year period.

Breakdown:

- **First Year:** Although an 18% increase is charged initially, Manulife will refund 12% to your Bank Account, effectively making it a 6% increase for the first year.
- **Second and Third Years:** A further 6% increase in Premium will be applied each year.

Please note that the actual increase in premium for your medical plan may vary from the illustration above.

The staggered premium adjustment does not apply to premium or Cost of Insurance increases that occur as a result of moving into a higher age band.

We appreciate your understanding and are committed to ensuring your coverage remains uninterrupted while we transition to the new system.

3. Does the staggered premium plan over three years apply to me if I previously choose to maintain my original premium instead of the recommended repriced amount?

Yes, the staggered premium plan over three years applies to all affected policies. This includes policies where policyholders have chosen to maintain their original premium rather than adopting the new premium. Please note that the option to maintain the original premium is only available for Investment-Linked products issued before January 1, 2020.

Under this interim measure, you will be informed about your staggered premium or staggered Cost of Insurance. You will have the option to pay the revised premium based on the three-year staggered plan. Alternatively, for financial considerations, you may choose to continue paying the

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original premium instead of the new premium amount, however your policy sustainability may be affected.

4. I haven't received a letter about premium repricing. How can I check if my policy has been affected?

These interim measures apply specifically to the medical plans mentioned in Question 1. Manulife sends premium repricing notification letters three months before your policy anniversary. If you have not received this notification, please be aware that it may still be on its way. You can take the following steps to verify whether your policy has been adjusted:

- **Log into Manulife Online:** Visit our online portal at <https://online.manulife.com.my/login> to access to the premium repricing letter and view any updates to your policy. Here is the step-by-step guide to register and login to Manulife Online <https://www.manulife.com.my/userguide>
- **Contact Customer Service:** Reach out to our customer service team at 03-2719 9112 or 1-300-13-2323, or via email at MYCARE@manulife.com. Our representatives are available to provide information about your policy and confirm if repricing has occurred.
- **Contact Your Servicing Agent:** Your servicing agent can provide assistance and help you verify if your policy has been affected by premium repricing.
- **Check Your Email and Mail:** Ensure that you've reviewed all recent communications from us (eLetter@manulife.com), as the repricing notice might have been sent electronically or via postal mail.
- **Visit our Branch:** If you prefer in-person assistance, stop by one of our branches ([Contact Us | Manulife Malaysia](#)) where a representative can help you access and understand your policy information.

We are committed to keeping you informed and ensuring you have all the necessary details regarding your policy. Please let us know if you need further assistance.

5. How can I reinstate my policy and/or medical plan that has lapsed/cancelled/surrendered because I was unable to afford the premium increase?

If your policy has lapsed or surrendered, or if you have cancelled or downgraded your medical plan due to unaffordability because of the premium increase from the 2024 repricing, you have the opportunity to request reinstatement of your medical coverage without additional underwriting. Here are the details:

- **Eligibility for Reinstatement:** The option to reinstate your medical coverage without additional underwriting is available until August 31, 2025 for affected policies that lapsed or were cancelled or surrendered on or after August 1, 2024.
- **How to Request Reinstatement:** To initiate the reinstatement process, please send your request to our customer service team. You can contact us at 03-2719 9112 or 1-300-13-2323, or via email at MYCARE@manulife.com.

Our team will guide you through the process and provide any necessary instructions or forms to complete the reinstatement. We are committed to helping you restore your coverage seamlessly and ensuring you have the protection you need.

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If you have any questions or require further assistance, please don't hesitate to reach out to us. We're here to support you.

6. I can't afford the premium increase even with the staggered premium over three years. What should I do?

We understand the importance of maintaining long-term medical coverage and recognize that financial circumstances can change over time. If the premiums remain unaffordable even with the staggered payment plan over three years, consider the following options:

- **Opt for a Plan with a Co-payment Option:** By sharing some of the healthcare costs, you can lower your premium while still maintaining coverage.
- **Switch to a Lower Plan:** This option can reduce your premium by offering a plan with less coverage, which may be more affordable for your budget.
- **Adjust or Reduce Your Policy Benefits:** Tailor your policy to better match your financial situation by reducing or adjusting certain benefits.

We encourage you to consult with your servicing agent or contact our Customer Service team. It's important for us to understand your current financial situation and healthcare needs in order to provide the best possible solution. Our goal is to help you maintain the coverage you need in a way that is financially sustainable for you.

7. As a policyholder with age of 60 years old, do I need to adhere to the premium amount specified in the premium repricing letter, or am I exempted from this adjustment?

As a policyholder over 60 years old (and above), whether you need to adhere to the premium amount specified in the premium repricing letter depends on the specifics of your policy:

Eligibility for One-Year Deferment and Staggered Premium

This is applicable if the policy anniversary of the insured is age 60 and above between 1 August 2024 until 31 July 2025. If you are covered under the minimum plan of your current medical plan, including any co-payment options, you are eligible for a one-year deferment of the staggered premium or Cost of Insurance increase. Any increase in premium or Cost of Insurance due to medical repricing will commence at your next policy anniversary year.

Premium Payments

If you've received a premium repricing letter, please continue with the new premium payment outlined in the letter to maintain your medical coverage. We will temporarily charge the new premium or Cost of Insurance as indicated until our systems are fully updated in the second half of 2025. During this time, we will adjust by refunding the excess premium to your bank account for Ordinary Life products or Cost of Insurance to your policy account value for Investment-Linked products.

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Scenario 1: Investment-Linked Products

- **Premium Repricing Letter:** Indicates an 18% increase in Cost of Insurance.
- **Staggered Premium and First Year Deferment:** No increase in Cost of Insurance in the first policy year. A staggered 6% increase will take place at the next policy anniversary for each policy year over a three-year period.

Breakdown:

- **First Year:** There will be no increase to your Cost of Insurance during the policy year. Although your initial letter might reflect an 18% increase, once system adjustments are made, the new letter will show the staggered Cost of Insurance over next 3 years. Rest assured that Manulife will refund the difference in Cost of Insurance for the first year to your policy account value accordingly.
- **Second Year:** The increase will be staggered to 6% increase in the Cost of Insurance.
- **Third Year:** A cumulative 12% increase in the Cost of Insurance will be applied (6% from Year 2, plus an additional 6% for Year 3).
- **Fourth Year:** A cumulative 18% increase in the Cost of Insurance will be applied (6% from Year 2, an additional 6% from Year 3, plus another 6% for Year 4).

Scenario 2: Ordinary Life Products

- **Premium Repricing Letter:** Indicates an 18% increase in Premium.
- **Staggered Premium and First Year Deferment:** No increase in Premium in the first policy year. A staggered 6% increase will take place at the next policy anniversary for each policy year over a three-year period.

Breakdown:

- **First Year:** There will be no increase to your Premium during the policy year. Although your initial letter might reflect an 18% increase, once system adjustments are made, the new letter will show the staggered Premium over next 3 years. Rest assured that Manulife will refund the difference in Premium for the first year to your bank account accordingly.
- **Second Year:** A 6% increase in the Premium will be applied
- **Third Year:** A cumulative 12% increase in the Premium will be applied (6% from Year 2, an additional 6% from Year 3).
- **Fourth Year:** A cumulative 18% increase in the Premium will be applied (6% from Year 2, an additional 6% from Year 3, plus another 6% for Year 4).

The one-year deferment of the Staggered Premium is a temporary measure aimed at supporting our policyholders as broader reforms are being developed to address medical inflation in Malaysia.

This staggered approach is designed to gradually implement the premium increase, offering financial relief in the initial year and spreading adjustments over a longer period. After the one-year deferment, the new premiums will apply to ensure the continuity of your medical coverage. If the premiums become unaffordable after the deferment or during the staggered payment plan over three years, consider the following options:

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- **Opt for a Plan with a Co-payment Option:** By sharing some of the healthcare costs, you can lower your premium while still maintaining coverage.
- **Switch to a Lower Plan:** This can reduce your premium by offering a plan with less coverage, potentially making it more affordable.
- **Adjust or Reduce Your Policy Benefits:** Tailor your policy to better match your financial situation by reducing or adjusting certain benefits.

Please note, the one-year deferment does not apply to premium increases resulting from moving into a higher age band. While the interim measure for premium repricing focuses on managing medical inflation and ensuring the sustainability of the medical pool, moving into a higher age band involves incremental premium changes, which are disclosed at point of sale of the medical plan.

We encourage you to consult with your servicing agent or contact our Customer Service team to discuss your options. Understanding your current financial situation and healthcare needs is crucial for us to provide the best possible solution. Our goal is to help you maintain the necessary coverage in a financially sustainable way.

We appreciate your understanding and are committed to ensuring that your coverage remains uninterrupted while we transition to the new system.

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