

SCHEDULE OF BENEFITS				
	PLAN NAME PLAN DESCRIPTION DETAILS OF BENEFITS	PLAN 1 R&B200, OAL20,000 RM	PLAN 2 R&B250, OAL30,000 RM	PLAN 3 R&B300, OAL50,000 RM
*	Room & Board			
	a) Ordinary	200	250	300
	Daily maximum up to 120 days - Private Hosp.			
	Daily maximum up to 120 days - Govt. Hosp.			
*	b) ICU	200	250	300
	Daily maximum up to 30 days			
*	Hospital Supplies & Services	as charged	as charged	as charged
	(Maximum per disability)			
*	Surgical Fees	as charged	as charged	as charged
	(Maximum per disability)			
*	Operating Theatre	as charged	as charged	as charged
*	Anaesthetist Fees	as charged	as charged	as charged
*	In-Hospital Physician Visit (<i>max of two (2) visits per day</i>)	as charged	as charged	as charged
	(Daily maximum up to 120 days)			
*	Pre-Hospital Diagnostic Tests	as charged	as charged	as charged
	(Within 31 days before hospitalisation)			
*	Pre-Hospitalisation Specialist Consultation	as charged	as charged	as charged
	(Within 31 days before hospitalisation)			
*	Post-Hospitalisation Treatment	as charged	as charged	as charged
	(Follow up within 31 days of discharge)			
*	Emergency Accidental Outpatient Treatment	as charged	as charged	as charged
	(within 24 hours after the accident & follow up within 14 days of first treatment)			
*	Emergency Accidental Dental Treatment	as charged	as charged	as charged
	(within 24 hours after the accident & follow-up treatment up to 14 days)			

SOB - Group Hospital and Surgical

*	Ambulance Fees (per disability)	150	200	250
*	Government Hospital Cash Benefit Allowance (Daily maximum up to 120 days)	60	80	100
*	Day Care Procedure (maximum up to Pre-daycare 31 days & Post-daycare 31 days)	as charged	as charged	as charged
	Emergency Outpatient Sickness Treatment between 10 p.m to 8 a.m only (Maximum per disability)	100	100	100
*	Reimbursement of Medical Report Fees	50	50	50
*	Reimbursement of Goods and Services Tax		As Charged	
	Outpatient Cancer Treatment - Subject to Overall Annual Limit	10,000	15,000	25,000
	Outpatient Kidney Dialysis Treatment - Subject to Overall Annual Limit	10,000	15,000	25,000
	Reimbursement of tuition fees due to prolonged period of disability per semester - Subject to Overall Annual Limit	10,000	12,500	15,000
PLAN NAME		PLAN 1	PLAN 2	PLAN 3
PLAN DESCRIPTION		R&B200, OAL20,000	R&B250, OAL30,000	R&B300, OAL50,000
DETAILS OF BENEFITS		RM	RM	RM
	Compassionate visitation benefit - Subject to Overall Annual Limit	5,000	7,500	10,000
	OVERALL MAXIMUM PER DISABILITY PER PERSON (Item *)	20,000	30,000	50,000
	DEDUCTIBLE	300	300	300
	Funeral Expenses - All Causes (All members)	2,000	2,000	2,000
	Emergency Medical Evacuation/ Repatriation Expense	100,000	200,000	300,000
	Accidental Death & Disablement	20,000	30,000	50,000

SOB - Group Outpatient



SCHEDULE OF BENEFITS			
PLAN NAME PLAN DESCRIPTION			
	PLAN 1	PLAN 2	PLAN 3
DETAILS OF BENEFIT	RM	RM	RM
Outpatient General Practitioner (GP) Care			
Consultation	As Charged (Cashless)	As Charged (Cashless)	As Charged (Cashless)
Medication	As Charged (Cashless)	As Charged (Cashless)	As Charged (Cashless)
Injection	As Charged (Cashless)	As Charged (Cashless)	As Charged (Cashless)
Diagnostic Lab/X-ray	As Charged (Cashless)	As Charged (Cashless)	As Charged (Cashless)
Outpatient Surgical Procedure	As Charged (Cashless)	As Charged (Cashless)	As Charged (Cashless)
Non Panel (Emergency Only)	As Charged (Reimbursement)	As Charged (Reimbursement)	As Charged (Reimbursement)
Deductible	RM50	RM50	RM50
Overall Annual Limit for GP (per person)	RM500	RM750	RM1,250