

SCHEDULE OF BENEFITS (RM)

Limit Per Disability	EMGS200	EMGS250	EMGS300
Hospital Room & Board	200	250	300
<i>Daily maximum up to ____ days</i>	120	120	120
Hospital Intensive Care	350	350	350
<i>Daily maximum up to ____ days</i>	30	30	30
Hospital Services and Supplies	As Charged	As Charged	As Charged
Pre-Surgical Diagnosis & Consultation	As Charged	As Charged	As Charged
<i>Within ____ days before surgery date</i>	60	60	60
Surgical Fees, including Anaesthetist & OT Fees	As Charged	As Charged	As Charged
<i>Subject to Surgical Schedule</i>	No	No	No
Pre-Hospitalisation Diagnosis & Consultation	As Charged	As Charged	As Charged
<i>Within ____ days before admission date</i>	60	60	60
In-Hospital Physician's Visits, two visits per day	As Charged	As Charged	As Charged
<i>Daily maximum up to ____ days</i>	120	120	120
Post-Hospitalisation Follow Up	As Charged	As Charged	As Charged
<i>Within ____ days from discharge date</i>	60	60	60
Ambulance Fees	As Charged	As Charged	As Charged
Emergency Out-Patient Treatment For Accidents	As Charged	As Charged	As Charged
<i>Follow-up treatment up to to ____ days</i>	60	60	60
Accidental Dental Treatment	As Charged	As Charged	As Charged
<i>Follow-up treatment up to to ____ days</i>	14	14	14
Government Hospital Allowance	100	100	100
<i>Daily maximum up to ____ days</i>	120	120	120
Medical Report Fee, limit per disability	100	100	100
Sales and Services Tax	Insured	Insured	Insured
Emergency Sickness Treatment	100	100	100
(Between 10pm and 8am)			
Funeral Expenses	2,000	2,000	2,000
Pre-Surgical (Second Opinion) Consultation	As Charged	As Charged	As Charged
Hospital Admission Card	Y	Y	Y

LIMITS & DEDUCTIBLES	EMGS200	EMGS250	EMGS300
Overall Annual Limit	N/A	N/A	N/A
Overall Limit Per Disability	20,000	30,000	50,000
Deductible Per Disability	25	25	25

ANCILLARY BENEFITS (Separate Limit)	EMGS200	EMGS250	EMGS300
Death Benefit	2,000	2,000	2,000
Reimbursement of Tuition Fees	10,000	12,500	15,000
Compassionate Visitation Benefit	5,000	7,500	12,500
Annual Out-Patient Cancer Treatment	10,000	15,000	25,000
Annual Out-Patient Kidney Dialysis	10,000	15,000	25,000
Emergency Medical Evacuation/Repatriation	100,000	200,000	300,000
Accidental Death & Disablement	20,000	30,000	50,000
Return of Minor Child	2,500	3,750	6,250
Outpatient GP Treatment (Overall Annual Limit)	Unlimited	750	1,250
Deductible per Outpatient Visit	25	50	50