

SCHEDULE OF BENEFITS - GHS



SCHEDULE OF BENEFITS			
	PLAN NAME	PLAN 2	PLAN 3
	PLAN DESCRIPTION	R&B250, OAL30,000	R&B300, OAL50,000
DETAILS OF BENEFITS		RM	RM
*	Room & Board		
	a) Ordinary		
	Daily maximum up to 120 days - Private Hosp.	250	300
	Daily maximum up to 120 days - Govt. Hosp.		
*	b) ICU		
	Daily maximum up to 30 days	250	300
*	Hospital Supplies & Services (Maximum per disability)	As Charged	As Charged
*	Surgical Fees (Maximum per disability)	As Charged	As Charged
*	Operating Theatre	As Charged	As Charged
*	Anaesthetist Fees	As Charged	As Charged
*	In-Hospital Physician Visit (<i>max of two (2) visits per day</i>) (<i>Daily maximum up to 120 days</i>)	As Charged	As Charged
*	Pre-Hospital Diagnostic Tests (Within 31 days before hospitalisation)	As Charged	As Charged
*	Pre-Hospitalisation Specialist Consultation (Within 31 days before hospitalisation)	As Charged	As Charged

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	PLAN NAME PLAN DESCRIPTION	PLAN 2 R&B250, OAL30,000 RM	PLAN 3 R&B300, OAL50,000 RM
DETAILS OF BENEFITS			
*	Post-Hospitalisation Treatment (Follow up within 31 days of discharge)	As Charged	As Charged
*	Emergency Accidental Outpatient Treatment (within 24 hours after the accident & follow up within 14 days of first treatment)	As Charged	As Charged
*	Emergency Accidental Dental Treatment (within 24 hours after the accident & follow-up treatment up to 14 days)	As Charged	As Charged
*	Ambulance Fees	200	250
*	Government Hospital Cash Benefit Allowance (Daily maximum up to 120 days)	80	100
*	Day Care Procedure (maximum up to Pre-daycare 31 days & Post-daycare 31 days)	As Charged	As Charged
	Emergency Outpatient Sickness Treatment between 10 p.m to 8 a.m only (Maximum per disability)	100	100
*	Reimbursement of Medical Report Fees	50	50
	Outpatient Cancer Treatment - Subject to Overall Annual Limit	15,000	25,000

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	PLAN NAME	PLAN 2	PLAN 3
	PLAN DESCRIPTION	R&B250, OAL30,000	R&B300, OAL50,000
DETAILS OF BENEFITS		RM	RM
	Outpatient Kidney Dialysis Treatment - Subject to Overall Annual Limit	15,000	25,000
	Reimbursement of tuition fees due to prolonged period of disability per semester - Subject to Overall Annual Limit	12,500	15,000
	Compassionate visitation benefit - Subject to Overall Annual Limit	7,500	10,000
	Hyaluronic Acid Injection – per annum (Admission & Outpatient, all causes)	5,000	5,000
	Outpatient Treatment For Dengue Treatment or Enteric (Typhoid) Fever – Subject to Overall Annual Limit	As Charged	As Charged
	OVERALL MAXIMUM PER DISABILITY PER PERSON (Item *)	30,000	50,000
	DEDUCTIBLE	200	200
	Funeral Expenses - All Causes (All members)	2,000	2,000
	Emergency Medical Evacuation/ Repatriation Expense	Up to 200,000	Up to 300,000
	Accidental Death & Disablement	30,000	50,000

SCHEDULE OF BENEFITS - GOP



SCHEDULE OF BENEFITS		
PLAN NAME PLAN DESCRIPTION	PLAN 2 RM	PLAN 3 RM
DETAILS OF BENEFITS		
Consultation	As Charged (Cashless)	As Charged (Cashless)
Medication	As Charged (Cashless)	As Charged (Cashless)
Injection	As Charged (Cashless)	As Charged (Cashless)
Diagnostic Lab/X-ray	As Charged (Cashless)	As Charged (Cashless)
Outpatient Surgical Procedure	As Charged (Cashless)	As Charged (Cashless)
Non Panel (Emergency Only)	As Charged (Reimbursement)	As Charged (Reimbursement)
DEDUCTIBLE	RM50	RM50
OVERALL ANNUAL LIMIT FOR GP (per person)	RM750	RM1,250