

Company: EDUCATION MALAYSIA GLOBAL SERVICES
 Quote No: EMGS 2025-04



Date: 16-Mar-26

SCHEDULE OF BENEFITS (RM)

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

LIMITS & DEDUCTIBLES	Plan B	Plan C	Plan D	Plan E	Plan F
Overall Annual Limit	N/A	N/A			
Overall Limit Per Disability	30,000	50,000			
Deductible Per Disability	25	25			

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