

SCHEDULE OF BENEFITS

Plan		Maximum	1	2	3
(A1) Basic Benefits		Limit per	Basic	Regular	Premium
			MYR	MYR	MYR
(a)	Hospital Room & Board				
(i)	Ordinary Room -(Up to max 120 days per certificate year)	Day	200	250	300
(ii)	Intensive Care Unit -(Up to max 20 days per certificate year)		350	350	350
(b)	Hospital Supplies & Services			I	
(c)	Surgical Fees				
(d)	Anaesthetist Fees		As Charged		
(e)	Operating Theatre Charges				
(f)	In-Hospital Physician's Visit -(For non-surgical disability, max 2 visit per day, Up to maximum 120 days per any one disability.)				
(g)	Malaysian Government Hospital Daily Cash Allowance -(Up to max 120 days per certificate year)	Day	100		
(h)	Government Service Tax		As Charged		
(i)	Pre-Surgical/Medical Diagnostic Services -(within 60 days before hospitalization)				
(j)	Pre-Surgical/Medical Specialist Consultation -(within 60 days before hospitalization)		As Charged		
(k)	Second Surgical Opinion				
(1)	Post Hospitalization Treatment -(within 60 days after hospital discharge)				
(m)	Emergency Out-Patient accidental Treatment -(Max per disability within 24 hours after the Accident & follow-up treatment up to maximum 14 days from the date of accident)	Disability	3,000		
(n)	Accidental Dental Treatment -(Max per disability within 24 hours after the Accident & follow-up treatment up to maximum 14 days from the date of accident)	Disability	500		
(0)	Day care Procedure		As Charged		
(p)	Ambulance Fees -(Maximum per any one disability)	Disability	250		
(q)	Emergency Sickness Out-Patient Treatment -(from 10:00pm to 8.00am)	Disability	100		
(r)	Medical Report Fee Reimbursement (per report / per any one disability)	Disability	100		
(s)	Kidney Dialysis (Hosp/Dialysis Ctr)		10,000	15,000	25,000
(t)	Drug Therapy (Radiotherapy/Chemotherapy)		10,000	15,000	25,000
OVERALL	LIMIT (PER MEMBER) – PER DISABILITY		20,000	30,000	50,000



(A2) Exter	nded Benefits				
(a)	Compassionate Allowance (All Causes)		2,000	2,000	2,000
(b)	Reimbursement of Tuition Fees		10,000	12,500	15,000
(c)	Compassionate Visitation Benefit		5,000	7,500	10,000
(A3) Out	(A3) Outpatient Benefits				
(d)	Outpatient GP Treatment (Per member per annum)		500	750	1,250
(e)	Deductible amount per GP visit		25		
(A4) Other Benefits					
(f)	Emergency Medical Evacuation/Repatriation		Up to 100,000	Up to 200,000	Up to 300,000
(g)	Accidental Death & Disablement		20,000	30,000	50,000

ANNUAL CONTRIBUTION (PER MEMBER PER ANNUM)	MYR 475	MYR 574	MYR 672
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