

SCHEDULE OF BENEFITS:

Plan	Maximum limit per	1	2	3
Categories		Silver	Gold	Platinum
A1) Basic Benefits				
a) Hospital Room & Board				
i) Ordinary Room (up to max 120 days per disability)	Day	200	250	300
ii) Intensive Care (up to max 20 days per disability)	Day	350	350	350
b) Hospital Supplies & Services		As Charged		
c) Surgical Fees				
d) Anaesthetic Fees				
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 disability)				
g) Malaysian Government Hospital Daily Cash Allowance (up to max 120 days per disability)	Day		100	
h) Malaysian Government Tax			As Charged	
i) Pre-Surgical/ Medical Diagnostic Services (max per disability within 60 days prior to hospitalisation)		As Charged		
j) Pre-Surgical/Medical Specialist Consultation (max per disability within 60 days prior to hospitalisation)				
k) Second Surgical Opinion				
l) Post-Hospitalisation Treatment (up to 60 days maximum per disability following discharge from hospital)				
m) Emergency Out-Patient accidental Treatment (max per disability within 24 hours after the Accident & follow-up treatment up to 60 days)	Disability		3,000	
n) Accidental Dental Treatment (max per disability within 24 hours after the Accident & follow-up treatment up to 14 days)	Disability		500	
o) Daycare Procedure (Inclusive all incidental costs, pre-daycare visits up to 60 days and post-daycare visits up to 60 days)			As Charged	
p) Ambulance Fees (Emergency & Non-emergency Services)	Disability		250	
q) Emergency Out-Patient Treatment (from 10.00pm to 8.00am)	Disability		100	
r) Medical Report Fee Reimbursement	Disability		100	
Medical Overall Limit (per member) (not subject to any limit except for Room & Board limit and overall maximum limit per disability)		20,000	30,000	50,000
Deductible Amount per Claim		25		
A2) Extended Benefits				
a) Compassionate Allowance (One-time payment due to death all causes within 48 hours)			2,000	
b) Reimbursement of Tuition Fees (Maximum per Disability per semester)		10,000	12,500	15,000
c) Compassionate Visitation Benefit (Maximum per Disability per semester)		5,000	7,500	12,500
A3) Long-Term Care				
a) Kidney Dialysis (Hospital/Dialysis Centre/ Home) (per Certificate annual limit)	Year	10,000	15,000	25,000
b) Drug Therapy (Radiotherapy/Chemotherapy) (per Certificate annual limit)	Year	10,000	15,000	25,000
B) Outpatient Benefits				
a) Outpatient GP Treatment (Routine Consultation. Medication, Injection, Diagnostic Lab / X-Ray Procedures and Outpatient Surgical Procedures)	Year	Unlimited	750	1,250
Deductible Amount per Claim		25	50	50
C) Other Benefits				
a) Emergency Medical Evacuation/Repatriation (Limit per event)		100,000	200,000	300,000
b) Accidental Death & Disablement		20,000	30,000	50,000
Annual Contribution		400	710	830