

SCHEDULE OF BENEFITS

Plan	Maximum limit per	1	2	3
Categories		Silver	Gold	Platinum
A1) Basic benefits:				
Hospital Room & Board (i)Ordinary Room -(Up to max 120 days per disability)	Day	200	250	300
(ii)Intensive Care Unit -(Up to max 20 days per disability)	Day	350	350	350
Hospital Supplies & Services	-	As Charged	As Charged	As Charged
Surgical Fees	-	As Charged	As Charged	As Charged
Anaesthetist Fees	-	As Charged	As Charged	As Charged
Operating Theatre Charges	-	As Charged	As Charged	As Charged
In-Hospital Physician's Visit -(For non-surgical disability, max 2 visit per day, Up to maximum 120 days per disability.)	-	As Charged	As Charged	As Charged
Malaysian GH Daily Cash Allowance -(Up to max 120 days per disability)	Day	100	100	100
Hospital Service Tax* -(On eligible Room & Board charges paid)	-	0%	0%	0%
Pre-Surgical/Medical Diagnostic Services -(Max per disability within 60 days prior to hospitalization)	-	As Charged	As Charged	As Charged
Pre-Surgical/Medical Specialist Consultation -(Max per disability within 60 days prior to hospitalization)	-	As Charged	As Charged	As Charged
Second Surgical Opinion	-	As Charged	As Charged	As Charged
Post Hospitalization Treatment -(Up to 60 days maximum per disability following discharge from hospital)	-	As Charged	As Charged	As Charged
Emergency Out-Patient As Charged incidental Treatment -(Max per disability within 24 hours after the As Charged incident & follow-up treatment up to 60 days)	Disability	3,000	3,000	3,000
As Charged incidental Dental Treatment -(Max per disability within 24 hours after the As Charged incident & follow-up treatment up to 14 days)	Disability	500	500	500
Daycare Procedure -(Inclusive all incidental costs)	-	As Charged	As Charged	As Charged
Ambulance Fees -(Emergency & Non-emergency Services)	Disability	250	250	250
Emergency Out-Patient Treatment -(from 10:00pm to 8.00am)	Disability	100	100	100
Medical Report Fee Reimbursement	Disability	100	100	100
Basic Overall Limit - Per Annum - Per Disability		20,000	30,000	50,000
Deductible Amount per Claim		25	25	25
A2) Extended Benefits				
Compassionate Allowance (All Causes)		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
A3) Long-Term Care				
Kidney Dialysis (Hosp/Dialysis Ctr/Home)	Year	10,000	15,000	25,000
Drug Therapy (Radiotherapy/Chemotherapy)	Year	10,000	15,000	25,000
B) Outpatient Benefits				
Outpatient GP Treatment	Year	500	750	1250
Deductible per Claim		25	50	50
C) Other Benefits				
Emergency Medical EvAs Charged education/Repatriation	-	100,000	200,000	300,000
Accidental Death & Disablement	-	20,000	30,000	50,000
Contribution (Premium)		400	710	830

IMPORTANT:

*In the event the GST is charge, the amount payable shall be calculated according to the prevailing rate.