

SCHEDULE OF BENEFITS

| Plan | | Maximum | 1 | 2 | 3 |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|---------------|---------------|
| Categories | | Limit per | Basic | Regular | Premium |
| (A1) Basic Benefits | | | | | |
| (a) | Hospital Room & Board | Day | | | |
| (i) | Ordinary Room -(Up to max 120 days per certificate year) | | 200 | 250 | 300 |
| (ii) | Intensive Care Unit -(Up to max 20 days per certificate year) | | 350 | 350 | 350 |
| (b) | Hospital Supplies & Services | | As Charged | | |
| (c) | Surgical Fees | | | | |
| (d) | Anaesthetist 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 any one disability.) | | | | |
| (g) | Malaysian Government Hospital Daily Cash Allowance -(Up to max 120 days per certificate year) | | | | |
| (h) | Government Service Tax | | As Charged | | |
| (i) | Pre-Surgical/Medical Diagnostic Services -(within 60 days before hospitalization) | | As Charged | | |
| (j) | Pre-Surgical/Medical Specialist Consultation -(within 60 days before hospitalization) | | | | |
| (k) | Second Surgical Opinion | | | | |
| (l) | 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 | |
| (o) | 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) Extended 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) Outpatient Benefits | | | Medical Card | | |
| (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) | | | 489 | 591 | 692 |