

SCHEDULE OF BENEFITS (RM)

| Limit Per Disability | EMGS200 | EMGS250 | EMGS300 |
|---|----------------|----------------|----------------|
| Hospital Room and Board | 200 | 250 | 300 |
| <i>Daily maximum up to ____ days</i> | 120 | 120 | 120 |
| Intensive Care Unit | 350 | 350 | 350 |
| <i>Daily maximum up to ____ days</i> | 30 | 30 | 30 |
| Hospital Services and Supplies | As Charged | As Charged | As Charged |
| Pre-Surgical Consultation and Diagnosis | As Charged | As Charged | As Charged |
| <i>Within __ days before surgery date</i> | 60 | 60 | 60 |
| Surgical Fees, Anaesthetist Fee and Operating Theatre | As Charged | As Charged | As Charged |
| <i>Post-surgery care up to ____ days</i> | 60 | 60 | 60 |
| <i>Subject to Surgical Schedule</i> | No | No | No |
| Daycare Procedure | As Charged | As Charged | As Charged |
| <i>Pre and post-daycare visits up to ____ days</i> | 60 | 60 | 60 |
| <i>Subject to Surgical Schedule</i> | No | No | No |
| Pre-Hospital Specialist Consultation and Diagnostic Tests | As Charged | As Charged | As Charged |
| <i>Within __ days before admission date</i> | 60 | 60 | 60 |
| In-Hospital Physician Visit, two visits per day | As Charged | As Charged | As Charged |
| <i>Daily maximum up to ____ days</i> | 120 | 120 | 120 |
| Post-Hospitalisation Treatment | As Charged | As Charged | As Charged |
| <i>Within __ days from discharge date</i> | 60 | 60 | 60 |
| Ambulance Fees | 250 | 250 | 250 |
| Emergency Accidental Outpatient Treatment | As Charged | As Charged | As Charged |
| <i>Follow-up treatment up to to ____ days</i> | 60 | 60 | 60 |
| Accidental Dental Treatment | As Charged | As Charged | As Charged |
| <i>Follow-up treatment up to to ____ days</i> | 14 | 14 | 14 |
| Daily-Cash Allowance at Government Hospital | 100 | 100 | 100 |
| <i>Daily maximum up to ____ days</i> | 120 | 120 | 120 |
| Medical Report Fee, limit per disability | 100 | 100 | 100 |
| Sales and Services Tax | Insured | Insured | Insured |
| Emergency Sickness Treatment <i>(Between 10pm and 8am)</i> | 100 | 100 | 100 |
| Pre-Surgical (Second Opinion) Consultation | As Charged | As Charged | As Charged |
| Hospital Admission Card | Y | Y | Y |

| LIMITS & DEDUCTIBLES | EMGS200 | EMGS250 | EMGS300 |
|-------------------------------------|----------------|----------------|----------------|
| Overall Annual Limit | N/A | N/A | N/A |
| Overall Limit Per Disability | 20,000 | 30,000 | 50,000 |
| Deductible Per Disability | 25 | 25 | 25 |

| ANCILLARY BENEFITS (Separate Limit) | EMGS200 | EMGS250 | EMGS300 |
|---|------------------|----------------|----------------|
| Death Benefit | 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 |
| Annual Out-Patient Cancer Treatment | 10,000 | 15,000 | 25,000 |
| Annual Out-Patient Kidney Dialysis | 10,000 | 15,000 | 25,000 |
| Emergency Medical Evacuation / Repatriation | 100,000 | 200,000 | 300,000 |
| Accidental Death & Disablement | 20,000 | 30,000 | 50,000 |
| Return of Minor Child | 2,500 | 3,750 | 6,250 |
| Outpatient GP Treatment (Overall Annual Limit) | Unlimited | 750 | 1,250 |
| Deductible Per Outpatient Visit | 25 | 50 | 50 |