THE REAL LIFE COMPANY

## Your Insurance Plan

## SCHEDULE OF BENEFITS

| Plan |  | Fore | ign Students |  |
| :---: | :---: | :---: | :---: | :---: |
| Categories | Maximum limit per | Silver | Gold | Platinum |
| A1) Basic benefits: |  |  |  |  |
| Hospital Room \& Board <br> (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 Government Hospital Daily Cash Allowance -(Up to max 120 days per disability) | Day | 100 | 100 | 100 |
| Hospital Service Tax - (On eligible Room \& Board charges paid) | - | As Charged | As Charged | As Charged |
| Pre-Surgical/Medical Diagnostic Services <br> -(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 Accidental Treatment -(Max per disability within 24 hours after the accident \& follow-up treatment up to 60 days) | Disability | 3,000 | 3,000 | 3,000 |
| Accidental Dental Treatment <br> -(Max per disability within 24 hours after the accident \& 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 |
| $\qquad$ 8.00 am ) | Disability | 100 | 100 | 100 |
| Medical Report Fee Reimbursement | Disability | 100 | 100 | 100 |
| Deductible Amount per Claim |  | 25 | 25 | 25 |
| Overall Limit PER DISABILITY |  | 20,000 | 30,000 | 50,000 |
| Premium RM |  | 400 | 710 | 830 |


| Categories | Maximum limit per | Silver | Gold | Platinum |
| :---: | :---: | :---: | :---: | :---: |
| 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 |  | Medical Card | Medical Card | Medical Card |
| Outpatient GP Treatment | Year | UL | 750 | 1,250 |
| Deductible per Claim |  | 25 | 50 | 50 |
| C) Other Benefits |  |  |  |  |
| Emergency Medical Evacuation/Repatriation | - | 100,000 | 200,000 | 300,000 |
| Accidental Death \& Disablement | - | 20,000 | 30,000 | 50,000 |

## IMPORTANT:

Please note that with effect from $1^{\text {st }}$ June 2018, a Goods and Services Tax at the rate of $0 \%$ will be chargeable on the amount payable.

