



Your Insurance Plan

SCHEDULE OF BENEFITS

Plan		Ī	Fore ign Students			
Categories	Maximum limit per		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	П	350	350	350	
Hospital Supplies & Services	-	Ī	As Charged	As Charged	As Charged	
Surgical Fees	Nº		As Charged	As Charged	As Charged	
Anaesthetist Fees	i n .		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	Ī	100	100	100	
Hospital Service Tax - (On eligible Room & Board charges paid)	:-	T	As Charged	As Charged	As Charged	
Pre-Surgical/Medical Diagnostic Services -(Max per disability within 60 days prior to hospitalization)		Ī	As Charged	As Charged	As Charged	
Pre-Surgical/Medical Specialist Consultation		H				
-(Max per disability within 60 days prior to hospitalization)	12		As Charged	As Charged	As Charged	
Second Surgical Opinion	>-	Ī	As Charged	As Charged	As Charged	
Post Hospitalization Treatment - (Up to 60 days maximum per disability following discharge from hospital)	sa.		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 -(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)	-	П	As Charged	As Charged	As Charged	
Ambulance Fees (Emergency & Non-emergency Services)	Disability	Π	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	
Deductible Amount per Claim		H	25	25	25	
Overall Limit PER DISABILITY			20,000	30,000	50,000	
Premium RM			400	710	830	





Your Insurance Plan

Maximum limit per	Silver	Gold	Platinum	
	2,000	2,000	2,000	
	10,000	12,500	15,000	
	5,000	7,500	12,500	
Year	10,000	15,000	25,000	
Year	10,000	15,000	25,000	
	Medical Card	Medical Card	Medical Card	
Year	UL	750	1,250	
	25	50	50	
-	100,000	200,000	300,000	
-	20,000	30,000	50,000	
	Year Year Year	Silver Silver	Silver Gold	

IMPORTANT:

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