APPENDIX – SCHEDULE OF BENEFITS FOR *my*Medic

No.	Descriptions of Benefits	Maximum Amount (in RM)			
		Plan 150	Plan 250	Plan 350	Plan 500
A. HOSPITAL AND SURGICAL BENEFITS					
1.	Daily Hospital Room and Board *(No limit on number of days)*	150 per day	250 per day	350 per day	500 per day
2.	Intensive Care Unit *(Maximum 60 days per any one disability)*	As charged, subject to the deductible			
3.	Surgical Fees *(Post-Surgery care limited to 90 days after hospital discharge)*				
4.	Anaesthetist Fees				
5.	Operating Theatre				
6.	Hospital Supplies and Services				
7.	In-Hospital Physician's and Specialist's Visit				
8.	Ambulance Fees				
9.	Day Surgery				
10.	Medical Report Fees	100 per disability			
11.	Daily Cash Allowance at Malaysian Government Hospital *(No limit on number of days)*	100 per day			
B. OUTPATIENT TREATMENT					
1.	Pre-Hospital Diagnostic Tests *(Within 60 days prior to hospitalisation)*	As charged, subject to the deductible			
2.	Pre-Hospital Specialist Consultation *(Within 60 days prior to hospitalisation)*				
3.	Post-Hospitalisation Benefits *(Within 90 days after hospital discharge)*				
4.	Home Nursing Care Benefit *(Up to 180 days lifetime)*				
5.	Organ Transplant *(Once per lifetime)*				
6.	Out-patient Cancer Treatment	As charged			
7.	Out-patient Kidney Dialysis Treatment				
8.	Emergency Accidental Out-patient Treatment *(Within 24 hours of an accident, up to 30 days follow-up treatment)*				
9.	Emergency Accidental Dental Treatment *(Within 24 hours of an accident, up to 14 days follow-up treatement)*				
C. OVERALL LIMITS [Applicable to items under both (A) & (B)]					
1.	Overall Annual Limit	300,000	500,000	700,000	1,000,000
2.	Overall Lifetime Limit	No lifetime limit			
D. ADDITIONAL BENEFITS					
1.	International Emergency Medical Assistance Services	Yes			

Notes:

a) As charged based on the reasonable and customary charges, subject to the deductible and Overall Annual Limit.
b) If the person covered is admitted to or seek treatment at any Government Hospital, the deductible will be waived.
c) If the person covered is hospitalised at a room and board which is higher than his/her room and board benefit limit, then he/she will need to pay the difference in the room and board charge and the benefit limit.
d) Service Charge of RM1 per month and an additional RM4 per month will be deducted as Managed Care Charge.

LAMPIRAN – JADUAL MANFAAT UNTUK *my*MEDIC

No.	Deskripsi Manfaat	Amaun Maksimum (dalam RM)			
		Pelan 150	Pelan 250	Pelan 350	Pelan 500
A. HOSPITAL DAN MANFAAT PEMBEDAHAN					
1.	Bilik dan Makan Hospital Harian *(Tiada had bilangan hari)*	150 setiap hari	250 setiap hari	350 setiap hari	500 setiap hari
2.	Unit Rawatan Rapi *(Maksimum 60 hari bagi setiap satu keilatan)*	Seperti caj yang dikenakan, tertakluk kepada deduktibel			
3.	Yuran Pembedahan *(Pembedahan terhad kepada 90 hari selepas discaj hospital)*				
4.	Bayaran Pakar Bius				
5.	Dewan Bedah				
6.	Peralatan Hospital dan Perkhidmatan				
7.	Pakar Dalam Hospital dan Lawatan Pakar				
8.	Bayaran Ambulans				
9.	Pembedahan Harian				
10.	Yuran Laporan Perubatan	100 setiap keilatan			
11.	Elaun Tunai Harian di Hospital Kerajaan Malaysia *(Tiada had bilangan hari)*	100 setiap hari			
B. RAWATAN PESAKIT LUAR					
1.	Ujian Diagnostik Pra-Hospital *(Dalam tempoh 60 hari sebelum dimasukkan ke hospital)*	Seperti caj yang dikenakan, tertakluk kepada deduktibel			
2.	Konsultansi Pakar Pra-Hospital *(Dalam tempoh 60 hari sebelum dimasukkan ke hospital)*				
3.	Manfaat Selepas Penghospitalan *(Dalam tempoh 90 hari selepas discaj hospital)*				
4.	Manfaat Penjagaan Kejururawatan di Rumah *(Sehingga 180 hari seumur hidup)*				
5.	Pemindahan Organ *(Sekali seumur hidup)*				
6.	Rawatan Kanser Pesakit Luar	Seperti caj yang dikenakan			
7.	Rawatan Dialisis Buah Pinggang Pesakit Luar				
8.	Rawatan Pesakit Luar Kemalangan Kecemasan *(Dalam masa 24 jam selepas kemalangan, sehingga 30 hari rawatan susulan)*				
9.	Rawatan Pergigian Kemalangan Kecemasan *(Dalam masa 24 jam selepas kemalangan, sehingga 30 hari rawatan susulan)*				
C. HAD KESELURUHAN [Terpakai kepada kedua – dua item di bawah (A) & (B)]					
1.	Had Tahunan Keseluruhan	300,000	500,000	700,000	1,000,000
2.	Had Sepanjang Hayat Keseluruhan	Tiada had sepanjang hayat			
D. MANFAAT TAMBAHAN					
1.	Perkhidmatan Bantuan Perubatan Kecemasan Antarabangsa	Ya			

Nota:

a) Dicaj berdasarkan caj munasabah dan biasa diamalkan, tertakluk kepada deduktibel dan Had Tahunan Keseluruhan.
b) Sekiranya orang yang dilindungi dimasukkan atau mendapat rawatan di mana – mana Hospital Kerajaan, deduktibel yang dikenakan akan dikecualikan.
c) Sekiranya orang yang dilindungi dimasukkan ke hospital di bilik dan penginapan yang lebih tinggi daripada had manfaat bilik dan penginapan beliau, beliau perlu membayar perbezaan dalam caj bilik dan penginapan dan had tersebut.
d) Caj Perkhidmatan sebanyak RM1sebulan dan tambahan RM4 sebulan akan ditolak sebagai Caj Penjagaan Terurus.