

MEDISURE SUPREME – TABLE OF BENEFIT

No	INDIVIDUAL POLICY	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
1	Overall Annual Limit	30,000	50,000	100,000	300,000	500,000	700,000	1,000,000	2,000,000
2	Overall Lifetime Limit	90,000	150,000	1,000,000	3,000,000	5,000,000	Unlimited		
		(MAXIMUM PER DISABILITY)							
Basic Benefits (Compulsory)									
<u>HOSPITAL BENEFITS</u>									
3	Hospital Room & Board (Up to 200 days)	120	150	150	250	350	450	550	850
4	Intensive Care Unit (Up to 200 days)	As Charged (Subject to Reasonable and Customary Charges)							
5	Hospital Supplies & Services								
6	Operating Theatre								
<u>SURGICAL AND MEDICAL BENEFITS</u>									
7	Pre-Hospital Diagnostic Test (Within 90 days prior to admission) Medicines/ Drugs are payable	As Charged (Subject to Reasonable and Customary Charges)							
8	Pre-Hospital Specialist Consultation (Within 90 days prior to admission) Medicines/ Drugs are payable								
9	Second Surgical Opinion (Within 60 days prior to admission) Medicines/ Drugs are payable								
10	Surgical Fees								
11	Anaesthetist's Fees								
12	In-Hospital Physician Visit (Max. 200 days) (Allows two visits a day)								
13	Post-Hospitalization Treatment / (Within 90 days from discharge)								
14	Organ Transplant - Heart, Kidney, Lung, Liver or Bone Marrow Transplantation (Once Per Lifetime Limit)								

15	<u>OUTPATIENT BENEFITS</u> Emergency Accidental Outpatient Treatment (Within 24 hours and follow-up treatment to a max. of 60 days)	As Charged (Subject to Reasonable and Customary Charges)							
16	Outpatient Physiotherapy Treatment (Within 90 days from the discharge date / surgery)								
17	Annual Outpatient Kidney Dialysis Treatment (excluding consultation, examination tests and take home drugs)								
18	Annual Outpatient Cancer Treatment (excluding immunotherapy, Targeted therapy and Hormonal therapy consultation, examination tests, take home drugs)								
19	<u>OTHER BENEFITS</u> Prostheses* / Wheelchair Benefit * Wheelchair, artificial arm/leg and crutches	-	-	500	1,000	1,500	2,000	2,500	3,500
20	Home Nursing Care	-	500	1,000	3,000	5,000	10,000	20,000	30,000
21	Daily Cash Allowance at Government Hospital (Max. 200 days)	-	30	50	80	110	130	150	250
22	Insured Child's Daily Guardian Benefit (Max. 200 days)	-	50	90	110	150	180	200	300
23	Ambulance Fees	As Charged (Subject to Reasonable and Customary Charges)							
24	Medical Report Fees								
25	Blood & Plasma								
26	ID Band & Registration Fees								

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2	Overall Lifetime Limit	90,000	150,000	1,000,000	3,000,000	5,000,000	Unlimited		
		(MAXIMUM PER DISABILITY)							
Optional Benefits 1									
27	Annual Outpatient Kidney Dialysis Treatment (including consultation, examination tests and take home drugs)	As Charged (Subject to Reasonable and Customary Charges)							
28	Annual Outpatient Cancer Treatment a. including consultation, examination tests and take home drugs b. immunotherapy, Targeted therapy and Hormonal therapy								
29	Intraocular Lens (monofocal, multifocal) as result of cataract operation only)	-	-	8,000 per life time for both eyes					
Optional Benefits 2									
30a	Communicable diseases required quarantined by law in Malaysia only (Medical cost, required hospitalization in Malaysia only)	20,000 per annum							
30b	Vaccination side effect due to Communicable diseases require quarantined by law in M'sia only (Medical cost, hospitalization in M'sia only)								
30c	Death resulting from Communicable diseases require quarantined by law in M'sia only and death happening in M'sia only (sub limit RM 10,000)								
31	Waiver of residence oversea clause (ASEAN country only)	90 days residence oversea							