

MEDISURE TABLE OF BENEFIT

PLANS / PELAN	Plan Pelan 1	Plan Pelan 2	Plan Pelan 3	Plan Pelan 4	Plan Pelan 5	Plan Pelan 6
	RM	RM	RM	RM	RM	RM
OVERALL LIMITS/ HAD-HAD KESELURUHAN						
• Overall Annual Limit/ Had Tahunan Keseluruhan	20,000	30,000	50,000	80,000	100,000	150,000
• Overall Lifetime Limit/ Had Seumur Hidup Keseluruhan	60,000	90,000	150,000	240,000	300,000	450,000
MAXIMUM PER DISABILITY/ MAKSIMUM BAGI SETIAP KETIDAKUPAYAAN						
HOSPITAL BENEFITS/ MANFAAT HOSPITAL						
• Hospital Room & Board (Max.200 days) Bilik Hospital & Makan (Maks.200 hari)	80	120	200	300	350	450
• Intensive Care Unit (Max.75 days)/ Unit Rawatan Rapi (Maks.75 hari)	160	250	400	450	500	600
• Hospital Supplies & Services / Bekalan & Khidmat Hospital • Operating Theatre/ Bayaran Bilik Bedah	As Charged (Subject to Reasonable and Customary Charges) Seperti Yang Dikenakan (Tertakluk Kepada Bayaran yang Diperlukan, Munasabah dan Biasa Diamalkan)					
SURGICAL & MEDICAL BENEFITS/ MANFAAT PEMBEDAHAN & PERUBATAN						
• Pre-Hospital Diagnostic Test (Within 60 days prior to admission) Ujian Diagnostik PraHospital (Dalam jangka masa 60 hari sebelum kemasukan)	As Charged (Subject to Reasonable and Customary Charges) Seperti Yang Dikenakan (Tertakluk Kepada Bayaran yang Diperlukan, Munasabah dan Biasa Diamalkan)					
• Pre-Hospital Specialist Consultation (Within 60 days prior to admission) Rundingan Pakar Prahospital (Dalam jangka masa 60 hari sebelum kemasukan)						
• Surgical Fees/ Yuran Pembedahan						
• Anaesthetist Fees/ Bayaran Pakar Bius						
• In-Hospital Physician Visit (Max.200 days)/ Lawatan Pakar Perubatan Dalam Hospital (Maks.harian sehingga 200 hari)						
• Post-Hospitalisation Treatment (Within 31 days from discharge date) Rawatan Selepas Penghospitalkan (Dalam jangka masa 31 hari selepas tarikh keluar hospital)						
• Organ Transplant/ Pemandahan Organ						
• (Heart, Kidney, Lung, Liver, or Bone Marrow Transplantation) (Pemandahan Jantung, Buah Pinggang, Paru-paru, Hati atau Tulang Sum-sum)	As Charged (Subject to Reasonable and Customary Charges) Seperti Yang Dikenakan (Tertakluk Kepada Bayaran yang Diperlukan, Munasabah dan Biasa Diamalkan)					
OUT-PATIENT BENEFITS/ MANFAAT PESAKIT LUAR						
• Emergency Accidental Out-Patient Treatment (Within 24 hours and follow-up treatment to a max. of 31 days)/ Rawatan Pesakit Luar bagi Kemalangan dan Kecemasan (Dalam jangka masa 24 jam dan rawatan susulan sehingga maks.31 hari)	As Charged (Subject to Reasonable and Customary Charges) Seperti Yang Dikenakan (Tertakluk Kepada Bayaran yang Diperlukan, Munasabah dan Biasa Diamalkan)					
• Out-Patient Physiotherapy Treatment (Within 90 days from the discharge date/ surgery)/ Rawatan Fisioterapi Pesakit Luar (Dalam masa 90 hari dari tarikh keluar hospital/ pembedahan)						
• Ambulance Fees/ Yuran Ambulans						
• Annual Out-Patient Kidney Dialysis Treatment/ Rawatan Dialisis Buah Pinggang Pesakit Luar Tahunan	12,000	21,000	24,000	28,000	30,000	36,000
• Annual Out-Patient Cancer Treatment/ Rawatan Kanser Pesakit Luar Tahunan	12,000	21,000	24,000	28,000	30,000	36,000
OTHER BENEFITS/ MANFAAT LAIN						
• Daily Cash Allowance at Government Hospital (Max.150 days) Elaun Tunai Harian di Hospital Kerajaan (Maks.150 hari)	35	45	50	55	60	65
• Insured Child's Daily Guardian Benefit (Max.200 days) Manfaat Penjaga Harian Bagi Kanak- kanak Yang Diinsuranskan (Maks.200 hari)	50	75	100	150	175	200
• Medical Report Fees/ Yuran Laporan Perubatan	As Charged (Subject to Reasonable and Customary Charges) Seperti Yang Dikenakan (Tertakluk Kepada Bayaran yang Diperlukan, Munasabah dan Biasa Diamalkan)					
• Services Tax/ Cukai Perkhidmatan	8% on eligible expenses/ 8% daripada Perbelanjaan yang Layak					