

|                                       | Benefits  | Plan Type   |               |               |               |               |
|---------------------------------------|---|---|---------------|---------------|---------------|---------------|
|                                       |   | Plan 100 (RM)   | Plan 100 (RM) | Plan 150 (RM) | Plan 150 (RM) | Plan 200 (RM) |
| Hospitalisation and Surgical Benefits |   |   |               |               |               |               |
| 1.                                    | Hospital Room and Board<br>(Limit per day and up to 120 days per disability)  | 100   | 100           | 150           | 150           | 200           |
| 2.                                    | Intensive Care Unit<br>(Limit per day and up to 90 days per disability)   | 500   |               |               |               |               |
| 3.                                    | Hospital Supplies and Services  | As Charged, subject to Reasonable and Customary Charges |               |               |               |               |
| 4.                                    | Surgical Fees<br>(Post-surgical care is within 90 days following discharge)   |   |               |               |               |               |
| 5.                                    | Operating Theatre Fees  |   |               |               |               |               |
| 6.                                    | Anaesthetist Fees   |   |               |               |               |               |
| 7.                                    | Ambulance Fees  |   |               |               |               |               |
| 8.                                    | Daycare Surgery   |   |               |               |               |               |
| 9.                                    | In-Hospital Physician Visit<br>(2 visits per day and up to 120 days per disability)   |   |               |               |               |               |
| 10.                                   | Goods and Services Tax  |   |               |               |               |               |
| 11.                                   | Medical Report<br>(Limit per Disability)  | 100   |               |               |               |               |
| Pre-Hospitalisation Benefits          |   |   |               |               |               |               |
| 12.                                   | Pre-Hospitalisation Diagnostic Test Benefit<br>(within 90 days before hospitalisation)  | As Charged, subject to Reasonable and Customary Charges |               |               |               |               |
| 13.                                   | Pre-Hospitalisation Specialist Consultation<br>(within 90 days before hospitalisation)  | As Charged, subject to Reasonable and Customary Charges |               |               |               |               |
| Post-Hospitalisation Benefits         |   |   |               |               |               |               |
| 14.                                   | Post Hospitalisation and Daycare Surgery Follow-up Treatment<br>(within 90 days after discharge)  | As Charged, subject to Reasonable and Customary Charges |               |               |               |               |
| Outpatient Treatment Benefits         |   |   |               |               |               |               |
| 15.                                   | Outpatient Kidney Dialysis Treatment  | As Charged, subject to Reasonable and Customary Charges |               |               |               |               |
| 16.                                   | Outpatient Cancer Treatment   |   |               |               |               |               |
| 17.                                   | Emergency Accidental Outpatient Treatment<br>(Limit per Accident, maximum 90 days from date of Accident for follow-up treatment)        | 1,000   | 1,000         | 1,500         | 1,500         | 2,000         |
| 18.                                   | Emergency Accidental Outpatient Dental Treatment<br>(Limit per Accident, maximum 30 days from date of Accident for follow-up treatment) | 1,000   | 1,000         | 1,500         | 1,500         | 2,000         |
| Other Benefits                        |   |   |               |               |               |               |
| 19.                                   | Home Nursing Care<br>(Limit per Disability)   | 500   |               |               |               |               |
| 20.                                   | Second Medical Opinion<br>(within 90 days before hospitalisation)   | As Charged, subject to Reasonable and Customary Charges |               |               |               |               |

|                   | Benefits                          | Plan Type                             |               |               |               |               |
|-------------------|-----------------------------------|---------------------------------------|---------------|---------------|---------------|---------------|
|                   |                                   | Plan 100 (RM)                         | Plan 100 (RM) | Plan 150 (RM) | Plan 150 (RM) | Plan 200 (RM) |
| Limits            |                                   |                                       |               |               |               |               |
| 21.               | Overall Annual Limit              | 75,000                                | 100,000       | 150,000       | 200,000       | 500,000       |
| 22.               | Overall Lifetime Limit            | No limit                              |               |               |               |               |
| Deductible Option |                                   |                                       |               |               |               |               |
| 23.               | Deductible (per certificate year) | 5,000; or<br>10,000; or<br>30,000; or |               |               |               |               |

Are the premiums paid for this plan eligible for income tax relief?

Can my MediGap Care be reinstated?

What are the exclusions for this plan?

NOTE

- The above list is not exhaustive. Please refer to the Policy Contract for full details.
- The product information provided on this website is for general information only and does not tantamount to a contract of insurance. You are advised to refer to the Product Brochure, Sales Illustration (if applicable), Product Disclosure Sheet and Policy Contract for complete details of the product.

Connect with us [in](#) [f](#) [@](#) [▶](#)



MCIS Insurance Berhad  
(435318-U)

Wisma MCIS, Jalan Barat,  
46200 Petaling Jaya,  
Selangor Darul Ehsan  
  
T +603-7652 3388  
F +603-7957 1562