

Group Size : Maximum of 100 employees

KURNIA GROUP MEDICAL INSURANCE (IHM SMI PACKAGE)

(GROUP HOSPITALIZATION & SURGICAL INSURANCE)

DATE :

COMPANY NAME :

SCOPE OF COVER : A comprehensive hospitalization and surgical insurance which reimburse the insured person on incurred medical expenses due to illnesses/ diseases/ accidental injuries/ disabilities, subject to the Policy Terms, Conditions and Exclusions.

SCHEDULE OF BENEFIT

BENEFITS/PLAN	PLAN A	PLAN B	PLAN C
IN-HOSPITAL BENEFITS			
<i>Maximum Per Disability</i>			
Accommodation :			
Hospital Room & Board (daily max up to 150 days)	100	150	200
Intensive Care Unit (daily max up to 20 days)	200	300	400
MEDICAL & SURGICAL PROCEDURES			
Surgical Fees (including post-surgery care up to 60 days from date of surgery)	Full Reimbursement	Full Reimbursement	Full Reimbursement
Operating Theatre	Full Reimbursement	Full Reimbursement	Full Reimbursement
Anaesthetist Fee	Full Reimbursement	Full Reimbursement	Full Reimbursement
Pre-Hospital Diagnostic Tests & Specialist Consultation (60 days prior to admission)	Full Reimbursement	Full Reimbursement	Full Reimbursement
In-Hospital Physician Visit (daily max up to 150 days)	Full Reimbursement	Full Reimbursement	Full Reimbursement
Post-Hospitalization Treatment (within 60 days from date of discharge)	Full Reimbursement	Full Reimbursement	Full Reimbursement
Hospital Supplies & Services	Full Reimbursement	Full Reimbursement	Full Reimbursement
Prescribed Medicines (within 150 days during hospitalization and 31 days after discharge)	Full Reimbursement	Full Reimbursement	Full Reimbursement
Daycare Procedure	Full Reimbursement	Full Reimbursement	Full Reimbursement
Second Surgical Opinion	Full Reimbursement	Full Reimbursement	Full Reimbursement
Ambulance Fees	Full Reimbursement	Full Reimbursement	Full Reimbursement
Daily-Cash Allowance at Government Hospital (up to 150 days)	50	50	50
Medical Report	Full Reimbursement	Full Reimbursement	Full Reimbursement
Government Service Tax	6% of Room and Board eligible expenses reimbursable		
OUT OF HOSPITAL BENEFITS			
Out-Patient Benefits :			
Emergency Accidental Out-Patient Treatment (seek treatment within 24 hours and follow up within 14 days)	Full Reimbursement	Full Reimbursement	Full Reimbursement
Funeral Expenses	2000	2000	3000
EXTENDED BENEFITS			
Accidental Death	10000	10000	10000
Home Nursing	2000	3000	3000
Annual Out-patient Cancer Treatment	30000	50000	70000
Annual Out-patient Kidney Dialysis Treatment	30000	50000	70000
OVERALL ANNUAL LIMIT	40000	50000	70000
LIFETIME LIMIT	80000	100000	140000

ANNUAL PREMIUM RATES FOR GUARANTEED ADMISSION

	RM	RM	RM
Employee Only	351	397	471
Employee & Spouse	875	991	1177
Employee & Children (maximum of 6 children)	875	991	1177
Employee & Family (maximum of 6 children)	1400	1584	1881
Additional Child	88	99	117