

**GROUP HOSPITALIZATION & SURGICAL INSURANCE SCHEME 2023/2024**

**Schedule of Benefits by Etiqa Family Takaful**

<b>Basic Benefits</b>	<b>Maximum Benefits Per Disability</b>			
	<b>Plan</b>			
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
	<i>( RM )</i>	<i>( RM )</i>	<i>( RM )</i>	<i>( RM )</i>
1 Hospital Room & Board (HRB) <i>(inclusive of R&amp;B &amp; meal)</i>	200	150	120	100
i. Daily max. up to 180 days per disability				
ii. Intensive Care Unit (ICU) - up to 30 days per disability	As charged	As charged	As charged	As charged
2 Hospital Supplies and Services	As charged	As charged	As charged	As charged
3 In Hospital Physicians Visit <i>(daily max. up to 180 days per disability)</i>	As charged	As charged	As charged	As charged
4 Surgical Fees	As charged	As charged	As charged	As charged
5 Anaesthetist Fees	As charged	As charged	As charged	As charged
6 Operating Theatre Fees	As charged	As charged	As charged	As charged
7 Pre-hospitalization Specialist Consultation <i>(Within 90 days prior to hospitalization)</i>	As charged	As charged	As charged	As charged
8 Pre-hospitalization Diagnostic Tests <i>(Within 90 days prior to hospitalization)</i>	As charged	As charged	As charged	As charged
9 Post Hospitalization Treatment <i>(Within 60 Days After Discharge)</i>	As charged	As charged	As charged	As charged
10 Second Surgical Opinion	As charged	As charged	As charged	As charged
11 Emergency Accidental Out-Patient Treatment <i>(Within 24 hours after the accident &amp; follow-up treatment up to 60 days)</i>	As charged	As charged	As charged	As charged
12 Emergency Accidental Dental Treatment <i>(Within 24 hours after the accident &amp; follow-up treatment up to 14 days)</i>	As charged	As charged	As charged	As charged
13 Day Surgery	As charged	As charged	As charged	As charged
14 Emergency Out-Patient Sickness Treatment <i>(between 9pm to 7am only)</i>	100	100	100	100
15 Ambulance Fees	As charged	As charged	As charged	As charged
16 Government Hospital Daily Cash Allowance <i>(Daily maximum up to 180 days per disability)</i>	100	100	80	80
17 Medical Report Fees	80	80	80	80
<b>OVERALL ANNUAL LIMIT PER PERSON COVERED (for items 1-17)</b>	<b>45,000</b>	<b>32,000</b>	<b>25,000</b>	<b>15,000</b>
<u>Complimentary Benefits</u>				
18 Outpatient Cancer Treatment (Annual Limit)	20,000	15,000	12,000	N/A
19 Outpatient Kidney Dialysis Treatment (Annual Limit)	20,000	15,000	12,000	N/A
20 Organ Transplant (Annual Limit)	40,000	30,000	24,000	N/A
21 Funeral Expenses (All Causes - All members and its dependents)	2,000	2,000	2,000	2,000
<b>Co-payment (Applicable for ALL ELIGIBLE EXPENSES)</b>	<b>5%</b>	<b>5%</b>	<b>5%</b>	<b>5%</b>