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

Schedule of Benefits by Etiqa Family Takaful

1   Hospital Room & Board (HRB) (inclusive of R&B & med)   200   150   120   100     1. Daily max. up to 180 days per disability   As charged   As charg			Maximum Benefits Per Disability				
1 2 3 4   1 Hospital Room & Board (HRB) (inclusive of R&B & meal) (RM) (RM) (RM) (RM)   1. Hospital Room & Board (HRB) (inclusive of R&B & meal) 200 150 120 100   1. Daily max. up to 180 days per disability As charged		Pacic Porofite		Plan			
1   Hospital Room & Board (HRB) (inclusive of R&B & meal)   200   150   120   100     i. Daily max. up to 180 days per disability   As charged   As char		Basic Benejits	1	2	3	4	
(inclusive of R&B & meal)200150120100i. Intensive Care Unit (CU) - up to 30 days per disabilityAs chargedAs charged			( RM )	( RM )	( RM )	( RM )	
i. Daily max. up to 180 days per disabilityAs chargedAs	1	Hospital Room & Board (HRB)					
ii. Intensive Care Unit (ICU) - up to 30 days per disabilityAs chargedAs c		(inclusive of R&B & meal)	200	150	120	100	
2Hospital Supplies and ServicesAs charged (duily max. up to 180 days per disability)As charged (As charged (As charged (As charged (As charged (As charged (As charged (As charged (As charged 		i. Daily max. up to 180 days per disability					
3In Hospital Physicians Visit (daily max. up to 180 days per disability)As chargedAs charged <t< td=""><td></td><td>ii. Intensive Care Unit (ICU) - up to 30 days per disability</td><td>As charged</td><td>As charged</td><td>As charged</td><td>As charged</td></t<>		ii. Intensive Care Unit (ICU) - up to 30 days per disability	As charged	As charged	As charged	As charged	
(daily max. up to 180 days per disability)AAA chargedAs	2	Hospital Supplies and Services	As charged	As charged	As charged	As charged	
4Surgical FeesAs chargedAs	3	In Hospital Physicians Visit	As charged	As charged	As charged	As charged	
5An esthetist FeesAs chargedAs charged <th< td=""><td></td><td>(daily max. up to 180 days per disability)</td><td></td><td></td><td></td><td></td></th<>		(daily max. up to 180 days per disability)					
6Operating Theatre FeesAs chargedAs charged <td>4</td> <td>Surgical Fees</td> <td>As charged</td> <td>As charged</td> <td>As charged</td> <td>As charged</td>	4	Surgical Fees	As charged	As charged	As charged	As charged	
7Pre-hospitalization Specialist Consultation (Within 90 days prior to hospitalization)As chargedAs	5	Anaesthetist Fees	As charged	As charged	As charged	As charged	
(Within 90 days prior to hospitalization)As chargedAs c	6	Operating Theatre Fees	As charged	As charged	As charged	As charged	
8   Pre-hospitalization Diagnostic Tests (Within 90 days prior to hospitalization)   As charged   As cha	7	Pre-hospitalization Specialist Consultation	As charged	As charged	As charged	As charged	
(Within 90 days prior to hospitalization)As chargedAs c		(Within 90 days prior to hospitalization)					
9Post Hospitalization Treatment (Within 60 Days After Discharge)As chargedAs cha	8	Pre-hospitalization Diagnostic Tests	As charged	As charged	As charged	As charged	
(Within 60 Days After Discharge)As chargedAs charged <td></td> <td>(Within 90 days prior to hospitalization)</td> <td></td> <td></td> <td></td> <td></td>		(Within 90 days prior to hospitalization)					
10Second Surgical OpinionAs chargedAs charged<	9	Post Hospitalization Treatment	As charged	As charged	As charged	As charged	
11Emergency Accidental Out-Patient Treatment (Within 24 hours after the accident & follow-up treatment up to 60 days)As chargedAs charged		(Within 60 Days After Discharge)					
(Within 24 hours after the accident & follow-up treatment up to 60 days)As chargedAs charged<	10	Second Surgical Opinion	As charged	As charged	As charged	As charged	
12Emergency Accidental Dental Treatment (Within 24 hours after the accident & follow-up treatment up to 14 days)As chargedAs charged	11	Emergency Accidental Out-Patient Treatment	As charged	As charged	As charged	As charged	
(Within 24 hours after the accident & follow-up treatment up to 14 days)As chargedAs charged<		(Within 24 hours after the accident & follow-up treatment up to 60 days)					
13Day SurgeryAs chargedAs chargedAs chargedAs chargedAs chargedAs chargedAs chargedAs charged100 <th< td=""><td>12</td><td>Emergency Accidental Dental Treatment</td><td>As charged</td><td>As charged</td><td>As charged</td><td>As charged</td></th<>	12	Emergency Accidental Dental Treatment	As charged	As charged	As charged	As charged	
14Emergency Out-Patient Sickness Treatment (between 9pm to 7am only)10010010010015Ambulance FeesAs chargedAs chargedSo of the secSo		(Within 24 hours after the accident & follow-up treatment up to 14 days)					
(between 9pm to 7am only)As chargedAs chargedA	13	Day Surgery	As charged	As charged	As charged	As charged	
15Ambulance FeesAs chargedAs chargedA	14	Emergency Out-Patient Sickness Treatment	100	100	100	100	
16Government Hospital Daily Cash Allowance (Daily maximum up to 180 days per disability) 1710010080808017Medical Report Fees808080808080OVERALL ANNUAL LIMIT PER PERSON COVERED (for items 1-17)45,00032,00025,00015,000Complimentary Benefits 1820,00015,00012,000N/A19Outpatient Kidney Dialysis Treatment (Annual Limit) 2020,00015,00012,000N/A20Organ Transplant (Annual Limit)40,00030,00024,000N/A		(between 9pm to 7am only)					
(Daily maximum up to 180 days per disability) 17 Medical Report Fees8080808080OVERALL ANNUAL LIMIT PER PERSON COVERED (for items 1-17)45,00032,00025,00015,000Complimentary Benefits 18 Outpatient Cancer Treatment (Annual Limit) 19 Outpatient Kidney Dialysis Treatment (Annual Limit) 20 Organ Transplant (Annual Limit)20,00015,00012,000N/A20 Organ Transplant (Annual Limit)40,00030,00024,000N/A	15	Ambulance Fees	As charged	As charged	As charged	As charged	
17 Medical Report Fees80808080OVERALL ANNUAL LIMIT PER PERSON COVERED (for items 1-17)45,00032,00025,00015,000Complimentary Benefits 18 Outpatient Cancer Treatment (Annual Limit) 19 Outpatient Kidney Dialysis Treatment (Annual Limit)20,00015,00012,000N/A20 Organ Transplant (Annual Limit)40,00030,00024,000N/A	16	Government Hospital Daily Cash Allowance	100	100	80	80	
OVERALL ANNUAL LIMIT PER PERSON COVERED (for items 1-17)45,00032,00025,00015,000Complimentary Benefits 18 Outpatient Cancer Treatment (Annual Limit) 19 Outpatient Kidney Dialysis Treatment (Annual Limit) 20 Organ Transplant (Annual Limit)20,00015,00012,000N/A20 Organ Transplant (Annual Limit)40,00030,00024,000N/A		(Daily maximum up to 180 days per disability)					
Complimentary Benefits20,00015,00012,000N/A18Outpatient Cancer Treatment (Annual Limit)20,00015,00012,000N/A19Outpatient Kidney Dialysis Treatment (Annual Limit)20,00015,00012,000N/A20Organ Transplant (Annual Limit)40,00030,00024,000N/A	17	Medical Report Fees	80	80	80	80	
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	OVERALL ANNUAL LIMIT PER PERSON COVERED (for items 1-17)		45,000	32,000	25,000	15,000	
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	Comp	limentary Benefits					
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			20.000	15.000	12.000	N/A	
20 Organ Transplant (Annual Limit)     40,000     30,000     24,000     N/A			-		-	N/A	
			-	-		N/A	
			-			2,000	
Co-payment (Applicable for ALL ELIGIBLE EXPENSES) 5% 5% 5% 5%	Co-payment (Applicable for ALL ELIGIBLE EXPENSES)					5%	
		,	2,0	270	270	270	