



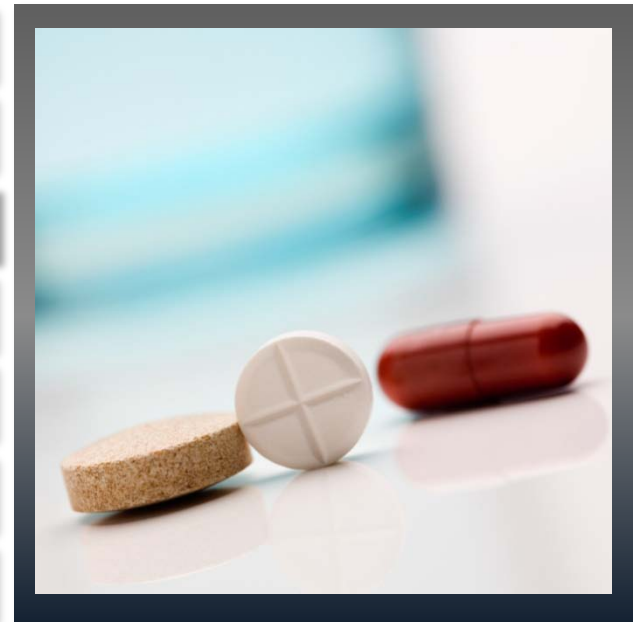
Medical Card

Guaranteed Renewal up to age 80



Comprehensive Medical Benefits

- 1 High Overall Annual Limits and Overall Lifetime Limits
- 2 No Restrictive Surgical Schedule
- ✓ 3 **Guaranteed Renewal up to age 80**
- 4 Day Surgery
- 5 Out – Patient Cancer Treatment, Kidney Dialysis and Physiotherapy Treatment
- 6 Home Nursing Care and Medical Report Fees
- 7 24 – hour Worldwide Cover



Emergency Assistance Program

International assistance programs at your finger tips. Just Call our 24-hour service hotline: 603-7956 1333 from any part of the world and reverse the call charges.

- **International Medical Assistance**

Emergency medical evacuation, medically supervised repatriation, dispatch of essential medication that are not available locally, repatriation of mortal remains and returns of dependant children, etc.

Schedule of Benefits



Benefits	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	RM			
Over all Annual Limit	50,000	100,000	150,000	200,000
Overall Lifetime Limit	300,000	600,000	900,000	1,200,000
Out - Patient Kidney Dialysis Treatment Lifetime Limit	50,000	150,000	225,000	300,000
Out - Patient Cancer Treatment Lifetime Limit	75,000	200,000	300,000	400,000
Hospital Benefits	Limit			
Hospital Room & Board (max 200 Days per annum)	120	180	260	350
Intensive Care Unit (max 60 days per annum) Hospital Supplies & Services Surgical Fees Anaesthetist Fees Operating Theatre Pre - Hospital Diagnostic Tests (within 60 days prior to admission) Pre Hospital Specialist Consultation (within 60 days prior to admission) In - Hospital Physician Visit (max 200 days per annum) Post - Hospitalisation Treatment (within 60 days from discharge)	As Charged			
Out - Patient Benefits	As Charged			
Emergency Accidental Out - Patient Treatment (within 72 hours and follow - up treatment to a max . 31 days) Out - Patient Physiotherapy Treatment (within 90 days from discharge / Surgery) Out - Patient Kidney Dialysis Treatment Out Patient Cancer Treatment	As Charged			

Schedule of Benefits



Other Benefits	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Ambulance Fees (max. per disability)	300	400	500	750
Daily Cash Allowance at Government Hospital (max 200 days per annum)	50	60	75	85
Home Nursing Care (max. per disability)	500	750	1,000	1,500
Insured Child's Daily Guardian Benefit (max. per disability)	200	250	300	400
Medical Report Fees (max. per disability)	100	120	120	120
Government Service Tax	As Charged			

Schedule of Premiums



Annual Premium	Medical Card Premium (RM)							
Age Band (Age Last Birthday)	Male				Female			
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3	Plan 4
30 days – 5 years	670	867	1,124	1,550	670	867	1,124	1,550
6 – 15 years	365	471	610	841	365	471	610	841
16 – 21 years	542	702	910	1,254	568	736	955	1,317
22 – 29 years	499	648	838	1,159	523	680	879	1,216
30 – 39 years	630	818	1,062	1,428	662	860	1,116	1,500
40 – 44 years	819	1,064	1,381	1,861	861	1,118	1,451	1,953
45 – 49 years	854	1,111	1,442	1,943	898	1,167	1,515	2,040
50 – 54 years	1,272	1,583	2,057	2,766	1,335	1,664	2,161	2,904
55 – 59 years	1,644	2,045	2,656	3,570	1,726	2,148	2,788	3,748
60 – 64 years (Renewal Only)	2,056	2,558	3,320	4,463	2,056	2,558	3,320	4,463
65 – 69 years (Renewal Only)	2,667	3,315	4,303	5,781	2,667	3,315	4,303	5,781
70 – 74 years (Renewal Only)	3,034	3,833	4,901	6,588	3,034	3,833	4,901	6,588
75 – 79 years (Renewal Only)	3,797	4,794	6,130	8,236	3,797	4,794	6,130	8,236

Notes

Premiums

1

The premiums for this plan is not guaranteed and shall be based on the premium rates in force at the time of renewal. Premiums are payable at the premium rate according to the Insured Person's attained age on each policy year anniversary. The company shall have the right to change the rate at which premiums shall be calculated, at the start of any Policy Year, provided that the Company notifies the policy owner at least 90 days in advance of the date such premium is due.

Cooling – Off Period

2

You may cancel your policy by returning the policy to us within 15 days after the policy has been delivered to you. The premiums that you have paid (less any medical fee incurred) will be refunded to you.

Notes

1

Total benefits payable in a year must not exceed the Overall Annual Limit.

2

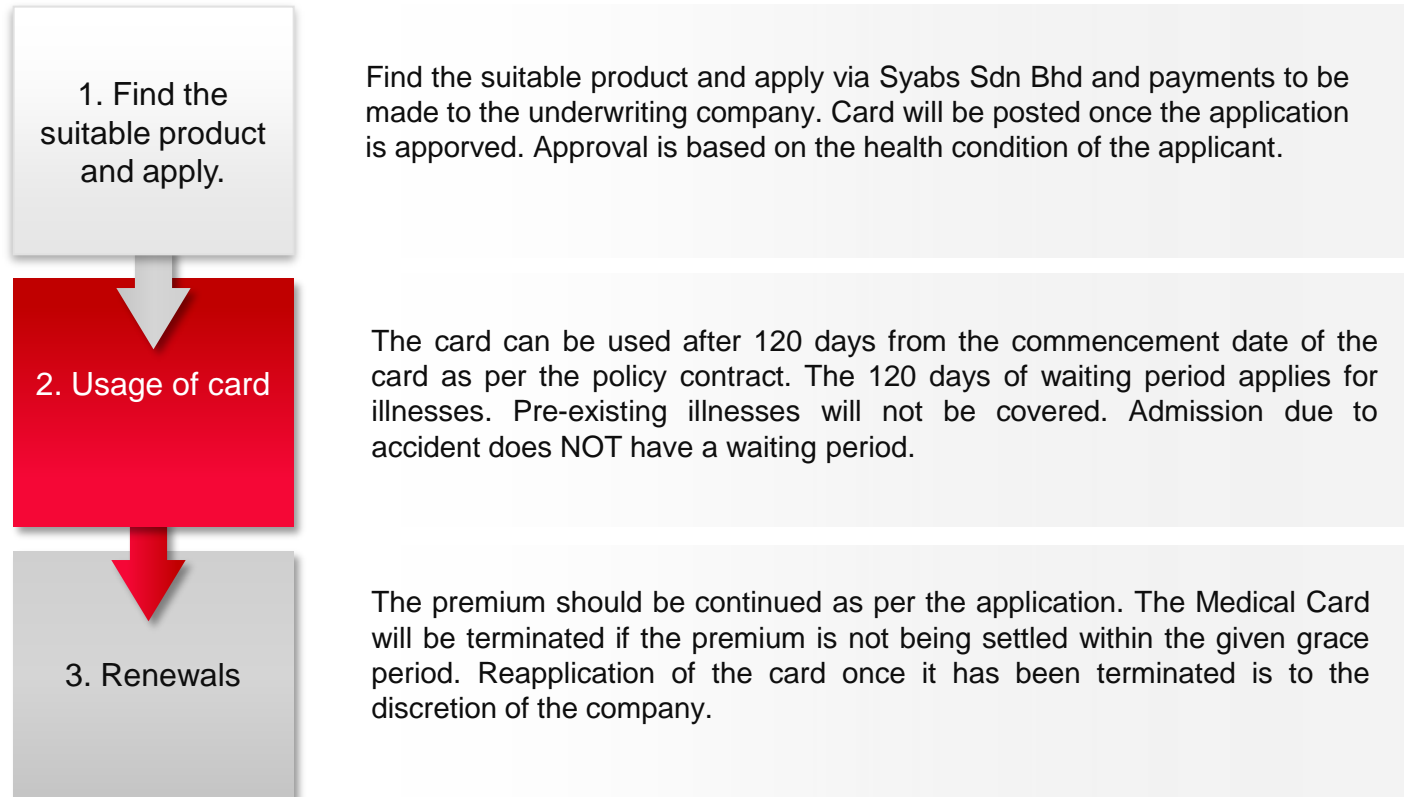
Total benefits payable during the lifetime is subject to the overall Lifetime Limit

3

You should satisfy yourself that this plan will best serve your needs and that the premium payable under the policy is an amount that you can afford.

This slide is for general information only. It is not a contract of insurance. The precise terms and conditions of this insurance plan is specified in the policy document.

Process of application



List of Panel Hospitals

KEDAH	1. HOSPITAL PAKAR METRO 04-4238888 2. KEDAH MEDICAL CENTRE 04-7308878 3. PUTRA MEDICAL CENTRE 04-7342888 4. STRAND SPECIALIST HOSPITAL 04-4428888
PENANG	1. BAGAN SPECIALIST CENTRE 04-3322800 2. GLENEAGLES MEDICAL CENTRE 04-2276111 3. ISLAND HOSPITAL 04-2288222 4. LAM WAH EE HOSPITAL 04-6571888 5. PANTAI MUTIARA PENANG 04-6438888 6. PENANG ADVENTIST HOSPITAL 04-2261133 7. TANJUNG MEDICAL CENTRE 04-2262323
PERAK	1. FATIMAH HOSPITAL 05-5455777 2. IPOH SPECIALIST HOSPITAL 05-2418777 3. KINTA MEDICAL CENTRE 05-2542125 4. PANTAI PUTERI HOSPITAL IPOH 05-5484333 5. PERAK COMMUNITY SPECIALIST HOSPITAL 05-5548918 6. SRI MANJUNG SPECIALIST CENTRE 7. TAIPING MEDICAL CENTRE 05-8071049

List of Panel Hospitals

Product Development Department



<p style="text-align: center;">SELANGOR</p>	<ol style="list-style-type: none"> 1. ASSUNTA HOSPITAL 03-77823433 2. DARUL EHSAN MEDICAL CENTRE 03-58808868 3. *HOSPITAL UNIVERSITI KEBANGSAAN MALAYSIA 03-91733333 (* Ahli diperlukan memdapat Surat Jaminan dari MediExpress sebelum kemasukan dirterima) 4. KAJANG MEDICAL CENTRE 03-87378957 5. KAJANG PLAZA MEDICAL CENTRE 03-87397077 6. KAMUNING MEDICAL CENTRE, KLANG 7. KELANA JAYA MEDICAL CENTRE 03-78052111 8. MEGAH MEDICAL CENTRE 03-78031212 9. PANTAI INDAH HOSPITAL 03-42892828 10. PANTAI KLANG MEDICAL CENTRE 03-33725222 11. SRI KOTA MEDICAL CENTRE 03-33733636 12. SUBANG JAYA MEDICAL CENTRE (SJMC) 03-56306101 13. SUNWAY HOSPITAL 03-74919191
<p style="text-align: center;">KUALA LUMPUR</p>	<ol style="list-style-type: none"> 1. CHINESE MATERNITY HOSPITAL 03-20782055 2. DAMAI SERVICE HOSPITAL 03-40434900 3. GLENEAGLES INTAN MEDICAL CENTRE 03-42552710 4. *INSTITUTE JANTUNG NEGARA (IJN) 03-22981333 (* Ahli diperlukan memdapat Surat Jaminan dari MediExpress sebelum kemasukan dirterima) 5. KAMPUNG BARU MEDICAL CENTRE 03-26931007 6. PANTAI CHERAS MEDICAL CENTRE 03-91322022 7. PUSAT RAWATAN ISLAM 03-40414922 8. SENTOSA MEDICAL CENTRE 03-40437166 9. SENTUL MEDICAL CENTRE 03-40416962 10. TAWAKAL SPECIALIST HOSPITAL 03-40233599 11. TUNG SHIN HOSPITAL 03-20721655 12. UNIVERSITI MALAYA MEDICAL CENTRE (UMMC) 03-79535738
<p style="text-align: center;">NEGERI SEMBILAN</p>	<ol style="list-style-type: none"> 1. COLUMBIA ASIA HOSPITAL 06-6011988 2. NILAI CANCER INSTITUTE 06-8500999 3. PORT DICKSON MEDICALCENTRE 06-6477588 4. SEREMBAN SPECIALIST HOSPITAL 06-7877800

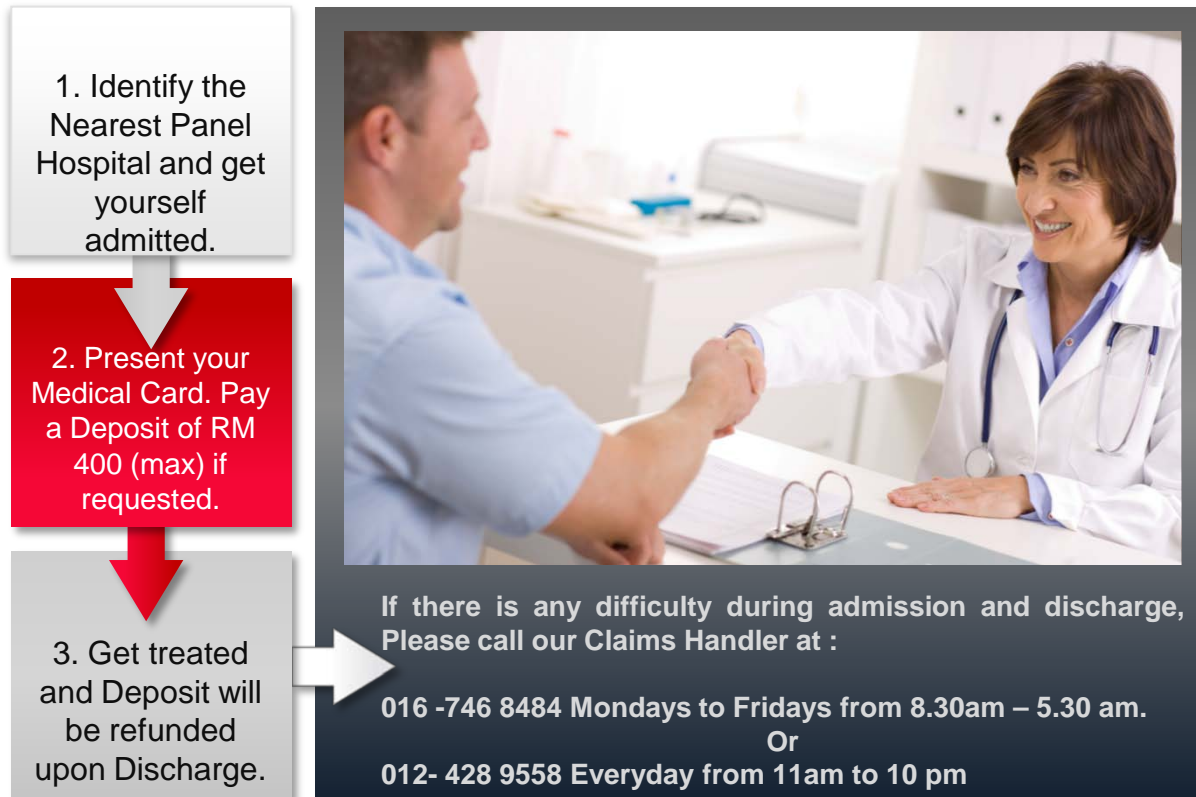
List of Panel Hospitals

Product Development Department



MELAKA	1. PANTAI AYER KEROH MEDICAL CENTRE 06-2319999 2. SOUTHERN HOSPITAL MELAKA 06-2813333
JOHOR	1. JOHOR SPECIALIST HOSPITAL 07-2237811 2. KLUANG UTAMA SPECIALIST CENTRE 07-7718999 3. MEDICAL SPECIALIST HOSPITAL 07-2243888 4. PENAWAR HOSPITAL 07-2521800 5. PUTERI SPECIALIST HOSPITAL 07-2233377 6. SOUTHERN HOSPITAL BATU PAHAT 07-4133333 7. HOSPITAL PANTAI BATU PAHAT
PAHANG	1. KUANTAN MEDICAL CENTRE 09-5142828 2. KUANTAN SPECIALIST HOSPITAL 09-5678588
KELANTAN	1. KOTA BAHRU MEDICAL CENTRE 09-7433399 2. PUSAT PAKAR PERDANA 09-7458000
TERENGGANU	1. KUALA TERENGGANU SPECIALIST HOSPITAL

Simple Admission Process



Application Process



- Email to customerservice@syabs.com.my and will send in the soft copy of application form
- Payment can be made via Credit Cards (Visa / Master card) , Cheque or Cash
- For special monthly, quarterly or semi-annual payment kindly email us for approval

THANK YOU!