



19	Compassionate Visitation Benefit	5,000.00	5,000.00	Superior 10,000.00 Premier 12,000.00	7,500.00	Classic 5,000.00 VIP 7,500.00	Basic 5,000.00 Elite 7,500.00	10,000.00	5,000.00	7,500.00	Silver 2,500.00 Gold 5,000.00 Platinum 7,500.00	2,000.00	Plan 1 5,000.00 Plan 2 10,000.00	5,000.00	3,000.00	5,000.00
20	Outpatient GP Treatment (Annual Limit)	500.00	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
21	Annual Outpatient Cancer Treatment	10,000.00	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
22	Annual Outpatient Kidney Dialysis Treatment	10,000.00	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
23	Emergency Medical Evacuation / Repatriation	100,000.00	500,000.00	Classic 250,000.00 Superior 300,000.00 Premier Unlimited	10,000,000.00	Unlimited	Unlimited	Unlimited	Silver 500,000.00 Gold 1,000,000.00 Platinum 1,500,000.00	1,000,000.00	Silver 500,000.00 Gold Unlimited Platinum Unlimited	100,000.00	1,000,000.00	1,000,000.00	10,000.00	10,000.00
24	Accidental Death and Disablement	20,000.00	300,000.00	Classic 100,000.00 Superior 200,00.00 Premier 250,000.00	500,000.00	Classic 100,000.00 VIP 300,000.00	Basic 100,000.00 Elite 350,000.00	Executive 300,000.00 First 325,000.00	Silver 100,000.00 Gold 300,000.00 Platinum 500,000.00	Essential 100,000.00 Supreme 300,000.00	Silver 200,000.00 Gold 400,000.00 Platinum 500,000.00	150,000.00	Plan 1 250,000.00 Plan 2 350,000.00	300,000.00	100,000.00	250,000.00
25	Funeral Expenses	2,000.00	500,000.00	Inclusive in Item 23	10,000.00	Classic 5,000.00 VIP Unlimited	Inclusive in Item 23	Inclusive in Item 23	Inclusive in Item 23	Inclusive in Item 23	Silver 1,000.00 Gold 2,000.00 Platinum 3,000.00	3,000.00	Inclusive in Item 23	8,000.00	5,000.00	10,000.00
<b>A</b>	<b>MAXIMUM LIMIT PER DISABILITY (ITEMS 1-17)</b>	20,000.00	200,000.00	Classic 150,000.00 Superior 250,000.00 Premier 400,000.00	500,000.00	Classic 50,000.00 VIP 300,000.00	Basic 100,000.00 Elite 150,000.00	Executive 300,000.00 First 350,000.00	5,000,000.00	Essential 100,000.00 Supreme 300,000.00	Silver 200,000.00 Gold 400,000.00 Platinum 500,000.00	150,000.00	Plan 1 300,000.00 Plan 2 400,000.00	300,000.00	100,000.00	3,000,000.00
<b>B</b>	<b>DEDUCTIBLE AMOUNT PER CLAIM (ITEM 20)</b>	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00

#### **Analytical Findings**

1. For the travel insurance plans, the items 1 to 15 are grouped into one category comprising the following:

- a. Medical and Other Expenses
- b. Follow-up Treatment
- c. Alternative Medicine

2. Travel insurance plans are compliant to the guideline by MOE, except for the following items:

- a. Government Hospital Daily Cash Allowance (Max) – Only Student Assist Travel Insurance by AIG Malaysia Insurance Bhd and Travel Protection Plan by MPI Generali Insurans Bhd are non-compliant.
- b. Reimbursement of Tuition Fees – max per semester – Only Student Assist Travel Insurance by AIG Malaysia Insurance Bhd is compliant.
- c. Outpatient GP Treatment (Annual Limit) – all are non-compliant.
- d. Annual Outpatient Cancer Treatment – all are non-compliant.
- e. Annual Outpatient Kidney Dialysis Treatment – all are non-compliant.