

**GROUP HOSPITAL & SURGICAL INSURANCE**

**AS CHARGED (3-15 PAX)**

TYPE OF COVERAGE	TYPE OF PLANS				
	PLAN 1 (RM)	PLAN 2 (RM)	PLAN 3 (RM)	PLAN 4 (RM)	PLAN 5 (RM)
<b>SCHEDULE OF BENEFITS</b>					
<b>HOSPITAL BENEFIT / HOSPITAL SERVICES</b>					
1. Hospital Room & Board (per day) (maximum up to 120 days)	300	220	180	120	80
2. Hospital Intensive Care Unit (per day) (maximum up to 20 days)	As Charged	As Charged	As Charged	As Charged	As Charged
<b>PROFESSIONAL / SPECIALIST FEES</b>					
3. Surgical Fees	As Charged	As Charged	As Charged	As Charged	As Charged
4. Anaesthetist Fee	As Charged	As Charged	As Charged	As Charged	As Charged
5. Operating Theatre Fee	As Charged	As Charged	As Charged	As Charged	As Charged
6. Hospital Services & Supplies	As Charged	As Charged	As Charged	As Charged	As Charged
7. In-Hospital Physician's Visits (maximum up to 120 days)	As Charged	As Charged	As Charged	As Charged	As Charged
<b>EMERGENCY/OUT-PATIENT SERVICES</b>					
8. Pre-Hospital Diagnostic Tests (31 days prior to hospitalisation)	As Charged	As Charged	As Charged	As Charged	As Charged
9. Pre-Hospital Specialist Consultation (31 days prior to hospitalisation)	As Charged	As Charged	As Charged	As Charged	As Charged
10. Emergency Accidental Out-Patient Treatment - within 24 hrs after the accident & follow-up treatment up to 14 days	As Charged	As Charged	As Charged	As Charged	As Charged
11. Emergency Dental Treatment - within 24 hrs after the accident & follow-up treatment up to 14 days	As Charged	As Charged	As Charged	As Charged	As Charged
12. Post-Hospitalisation Treatment (within 31 days from discharge)	As Charged	As Charged	As Charged	As Charged	As Charged
13. Ambulance Fees By Road Transport Only	As Charged	As Charged	As Charged	As Charged	As Charged
14. Daily Cash Allowance at Government Hospital (max. up to 120 days)	80	60	50	40	30
15. Emergency Sickness Treatment (Between 12am to 6am)	100	100	100	100	100
16. Medical Report	50	50	50	50	50
17. Govt. Service Tax (Room & Board Limit Only)	5%	5%	5%	5%	5%
18. Funeral Expenses	3000	2000	2000	2000	1000
<b>OVERALL ANNUAL LIMIT - PER PERSON</b>	<b>80000</b>	<b>65000</b>	<b>35000</b>	<b>30000</b>	<b>20000</b>
<b>ANNUAL PREMIUM WITHOUT SUPPLEMENTARY BENEFITS</b>					
<b>TYPE OF PLANS</b>	<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>	<b>PLAN 5</b>
Employee Only - EO	643.00	541.00	408.00	215.00	172.00
Employee & Spouse - ES	1607.50	1352.50	1020.00	537.50	430.00
Employee & Children - EC	1607.50	1352.50	1020.00	537.50	430.00
Employee & Family - EF	2572.00	2164.00	1632.00	860.00	688.00
<b>SUPPLEMENTARY BENEFITS</b>					
19. Annual Out-Patient Cancer Treatment	30000	22000	18000	12000	8000
20. Annual Out-Patient Kidney Dialysis Treatment	30000	22000	18000	12000	8000
21. Organ Transplant	50000	44000	36000	24000	16000
<b>ANNUAL PREMIUM CONTRIBUTION WITH SUPPLEMENTARY BENEFITS</b>					
<b>TYPE OF PLANS</b>	<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>	<b>PLAN 5</b>
Employee Only - EO	84.00	65.00	53.00	35.00	24.00
Employee & Spouse - ES	210.00	162.50	132.50	87.50	60.00
Employee & Children - EC	210.00	162.50	132.50	87.50	60.00
Employee & Family - EF	336.00	260.00	212.00	140.00	96.00

**AS CHARGED (16-30 PAX)**

TYPE OF COVERAGE	TYPE OF PLANS				
	PLAN 1 (RM)	PLAN 2 (RM)	PLAN 3 (RM)	PLAN 4 (RM)	PLAN 5 (RM)
<b>SCHEDULE OF BENEFITS</b>					
<b>HOSPITAL BENEFIT / HOSPITAL SERVICES</b>					
1. Hospital Room & Board (per day) (maximum up to 120 days)	300	220	180	120	80
2. Hospital Intensive Care Unit (per day) (maximum up to 20 days)	As Charged	As Charged	As Charged	As Charged	As Charged
<b>PROFESSIONAL / SPECIALIST FEES</b>					
3. Surgical Fees	As Charged	As Charged	As Charged	As Charged	As Charged
4. Anaesthetist Fee	As Charged	As Charged	As Charged	As Charged	As Charged
5. Operating Theatre Fee	As Charged	As Charged	As Charged	As Charged	As Charged
6. Hospital Services & Supplies	As Charged	As Charged	As Charged	As Charged	As Charged
7. In-Hospital Physician's Visits (maximum up to 120 days)	As Charged	As Charged	As Charged	As Charged	As Charged
<b>EMERGENCY/OUT-PATIENT SERVICES</b>					
8. Pre-Hospital Diagnostic Tests (31 days prior to hospitalisation)	As Charged	As Charged	As Charged	As Charged	As Charged
9. Pre-Hospital Specialist Consultation (31 days prior to hospitalisation)	As Charged	As Charged	As Charged	As Charged	As Charged
10. Emergency Accidental Out-Patient Treatment - within 24 hrs after the accident & follow-up treatment up to 14 days	As Charged	As Charged	As Charged	As Charged	As Charged
11. Emergency Dental Treatment - within 24 hrs after the accident & follow-up treatment up to 14 days	As Charged	As Charged	As Charged	As Charged	As Charged
12. Post-Hospitalisation Treatment (within 31 days from discharge)	As Charged	As Charged	As Charged	As Charged	As Charged
13. Ambulance Fees By Road Transport Only	As Charged	As Charged	As Charged	As Charged	As Charged
14. Daily Cash Allowance at Government Hospital (max. up to 120 days)	80	60	50	40	30
15. Emergency Sickness Treatment (Between 12am to 6am)	100	100	100	100	100
16. Medical Report	50	50	50	50	50
17. Govt. Service Tax (Room & Board Limit Only)	5%	5%	5%	5%	5%
18. Funeral Expenses	3000	2000	2000	2000	1000
<b>OVERALL ANNUAL LIMIT - PER PERSON</b>	<b>80000</b>	<b>65000</b>	<b>35000</b>	<b>30000</b>	<b>20000</b>
<b>ANNUAL PREMIUM WITHOUT SUPPLEMENTARY BENEFITS</b>					
<b>TYPE OF PLANS</b>	<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>	<b>PLAN 5</b>
Employee Only - EO	625.00	527.00	397.00	207.00	164.00
Employee & Spouse - ES	1562.50	1317.50	992.50	517.50	410.00
Employee & Children - EC	1562.50	1317.50	992.50	517.50	410.00
Employee & Family - EF	2500.00	2108.00	1588.00	828.00	656.00
<b>SUPPLEMENTARY BENEFITS</b>					
19. Annual Out-Patient Cancer Treatment	30000	22000	18000	12000	8000
20. Annual Out-Patient Kidney Dialysis Treatment	30000	22000	18000	12000	8000
21. Organ Transplant	50000	44000	36000	24000	16000
<b>ANNUAL PREMIUM CONTRIBUTION WITH SUPPLEMENTARY BENEFITS</b>					
<b>TYPE OF PLANS</b>	<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>	<b>PLAN 5</b>
Employee Only - EO	84.00	65.00	53.00	35.00	24.00
Employee & Spouse - ES	210.00	162.50	132.50	87.50	60.00
Employee & Children - EC	210.00	162.50	132.50	87.50	60.00
Employee & Family - EF	336.00	260.00	212.00	140.00	96.00

**AS CHARGED (31-50 PAX)**

TYPE OF COVERAGE	TYPE OF PLANS				
	PLAN 1 (RM)	PLAN 2 (RM)	PLAN 3 (RM)	PLAN 4 (RM)	PLAN 5 (RM)
<b>SCHEDULE OF BENEFITS</b>					
<b>HOSPITAL BENEFIT / HOSPITAL SERVICES</b>					
1. Hospital Room & Board (per day) (maximum up to 120 days)	300	220	180	120	80
2. Hospital Intensive Care Unit (per day) (maximum up to 20 days)	As Charged	As Charged	As Charged	As Charged	As Charged
<b>PROFESSIONAL / SPECIALIST FEES</b>					
3. Surgical Fees	As Charged	As Charged	As Charged	As Charged	As Charged
4. Anaesthetist Fee	As Charged	As Charged	As Charged	As Charged	As Charged
5. Operating Theatre Fee	As Charged	As Charged	As Charged	As Charged	As Charged
6. Hospital Services & Supplies	As Charged	As Charged	As Charged	As Charged	As Charged
7. In-Hospital Physician's Visits (maximum up to 120 days)	As Charged	As Charged	As Charged	As Charged	As Charged
<b>EMERGENCY/OUT-PATIENT SERVICES</b>					
8. Pre-Hospital Diagnostic Tests (31 days prior to hospitalisation)	As Charged	As Charged	As Charged	As Charged	As Charged
9. Pre-Hospital Specialist Consultation (31 days prior to hospitalisation)	As Charged	As Charged	As Charged	As Charged	As Charged
10. Emergency Accidental Out-Patient Treatment - within 24 hrs after the accident & follow-up treatment up to 14 days	As Charged	As Charged	As Charged	As Charged	As Charged
11. Emergency Dental Treatment - within 24 hrs after the accident & follow-up treatment up to 14 days	As Charged	As Charged	As Charged	As Charged	As Charged
12. Post-Hospitalisation Treatment (within 31 days from discharge)	As Charged	As Charged	As Charged	As Charged	As Charged
13. Ambulance Fees By Road Transport Only	As Charged	As Charged	As Charged	As Charged	As Charged
14. Daily Cash Allowance at Government Hospital (max. up to 120 days)	80	60	50	40	30
15. Emergency Sickness Treatment (Between 12am to 6am)	100	100	100	100	100
16. Medical Report	50	50	50	50	50
17. Govt. Service Tax (Room & Board Limit Only)	5%	5%	5%	5%	5%
18. Funeral Expenses	3000	2000	2000	2000	1000
<b>OVERALL ANNUAL LIMIT - PER PERSON</b>	<b>80000</b>	<b>65000</b>	<b>35000</b>	<b>30000</b>	<b>20000</b>
<b>ANNUAL PREMIUM WITHOUT SUPPLEMENTARY BENEFITS</b>					
<b>TYPE OF PLANS</b>	<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>	<b>PLAN 5</b>
Employee Only - EO	607.00	513.00	386.00	199.00	160.00
Employee & Spouse - ES	1517.50	1282.50	965.00	497.50	400.00
Employee & Children - EC	1517.50	1282.50	965.00	497.50	400.00
Employee & Family - EF	2428.00	2052.00	1544.00	796.00	640.00
<b>SUPPLEMENTARY BENEFITS</b>					
19. Annual Out-Patient Cancer Treatment	30000	22000	18000	12000	8000
20. Annual Out-Patient Kidney Dialysis Treatment	30000	22000	18000	12000	8000
21. Organ Transplant	50000	44000	36000	24000	16000
<b>ANNUAL PREMIUM CONTRIBUTION WITH SUPPLEMENTARY BENEFITS</b>					
<b>TYPE OF PLANS</b>	<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>	<b>PLAN 5</b>
Employee Only - EO	84.00	65.00	53.00	35.00	24.00
Employee & Spouse - ES	210.00	162.50	132.50	87.50	60.00
Employee & Children - EC	210.00	162.50	132.50	87.50	60.00
Employee & Family - EF	336.00	260.00	212.00	140.00	96.00

**CONDITIONS :-**

This quote is prepared based on the information provided by you and shall be valid for 30 days from issuance dated. Should any material facts relating to this quote differ at the time of attachment of the risk, the terms & conditions of this quote may be subject to change.

Unless stated otherwise in writing, this quote is subject to the standard policy wordings used by the company. This quote shall also comply to all industry guideline issued by the Persatuan Insurans Am, Bank Negara Malaysia and all regulatory bodies.

The specific conditions applicable to this quote is as follows:-

- Entry Age: From 15 days to 60 years old, renewal up to 65 years old.
- Pre-Existing Illness Condition
- Specified Illnesses - 120 days
- Waiting period - 30 days
- The policy is also subject to the appropriate stamp duty and premium warranty endorsement where applicable.
- Unless exempted under the Service Tax Act, the premiums are subject to 5% service tax
- Quotation is subject to the final listing of the number of employees under each category (plan).
- As Charged Basis shall be subject to reasonable and customary charges only
- Co-Payment Clause is applicable if member is hospitalized at higher room & board limit.
- Individual Health Declaration is required for group size of less than 50 members. (for underwriting purposes)
- All members must participate for Extended Benefits if option is selected.
- MCO (Medical Card) facility may be granted with an addition premium of RM27 for EO, RM67.50 for ES/ EC & RM108 for EF.
- Maximum 5 children is allowed under Employee & Family category.

**HEAD OFFICE**

Mezzanine & 1st Floor, Plaza See Hoy Chan  
Jalan Raja Chulan, 50200 Kuala Lumpur  
Tel : 03-2070 9226 Fax : 03-2070 5226

**CUSTOMER SERVICE**

Mezzanine Floor, Plaza See Hoy Chan  
Jalan Raja Chulan, 50200 Kuala Lumpur  
Tel : 03-2070 9226 Fax : 03-2070 5226

**BRANCHES NETWORK**

**KUALA LUMPUR MAIN**

Mezzanine Floor, Plaza See Hoy Chan  
Jalan Raja Chulan, 50200 Kuala Lumpur  
Tel : 03-2070 9226 Fax : 03-2070 5226

**PENANG**

Suite 11-01, 11th Floor, M.W.E. Plaza  
No 8, Leboh Farquhar, 10200 Penang  
Tel : 04-261 9373, 04-261 9473 Fax : 04-262 8067

**MELAKA**

No 33A, Jalan Melaka Raya 24  
Taman Melaka Raya 75000 Melaka  
Tel : 06-282 1008, 06-282 9699 Fax : 06-281 2100

**JOHOR BAHRU**

49, Jalan Sulam, Taman Sentosa  
80150 Johor Bahru, Johor  
Tel : 07-334 3305, 07-334 3329 Fax : 07-334 3294

**KUANTAN**

No A-167, Ground Floor, Sri Dagangan  
Jalan Tun Ismail, 25000 Kuantan, Pahang  
Tel : 09-513 8733, 09-513 9788 Fax : 09-513 7989

**MENTAKAB**

No 63A, Jalan Tun Razak  
28400 Mentakab, Pahang  
Tel : 09-277 6169, 09-277 6170 Fax : 09-277 6003

**KOTA KINABALU**

Lot 31-2, 2nd Floor, Block E, Damai Plaza Phase 3  
Lorong Pokok Kayu Manis, Jalan Damai  
88300 Kota Kinabalu, Sabah  
Tel : 088-266 239, 088-265 239 Fax : 088-252 239

**IPOH**

C-1-6 & C-1-7, Greentown Square  
Jalan Dato Seri Ahmad Said  
30450 Ipoh, Perak  
Tel : 05-242 8900, 05-242 8901, 05-242 8902  
Fax : 05-242 7900

**SEREMBAN**

No. 120-1, 1st Floor  
Jalan Toman 6, Kemayan Square  
70200 Seremban, Negeri Sembilan  
Tel : 06-761 1533, 06-761 1599 Fax : 06-761 1566

**BATU PAHAT**

No 6, Jalan Merah  
Taman Bukit Pasir, 83000 Batu Pahat, Johor  
Tel : 07-434 9895, 07-434 9896 Fax : 07-433 3897

**KOTA BAHRU**

No 1328, Ground Floor, Taman Koperatif  
Tanjung Chat, Jalan Long Yunus  
15400 Kota Bharu, Kelantan  
Tel : 09-743 2687, 09-743 2646 Fax : 09-743 2761

**KLANG**

No 18A, Jalan Goh Hock Huat  
41400 Klang, Selangor  
Tel : 03-3342 6977, 03-3342 6988  
Fax : 03-3342 9789

**KUCHING**

No 176, 1st Floor, Jalan Song Thian Cheok  
93100 Kuching, Sarawak  
Tel : 082-410 093, 082-410 092 Fax : 082-412 092

**SME Group Hospital & Surgical Insurance**

Choice of:-

- Inner Limit or As Charged Plans
- Reimbursement or Medical Card
- Supplementary Benefits

**MUI Continental Insurance Berhad** (29123-D)



### MUI CONTINENTAL SME GROUP MEDICAL INSURANCE

Terms and conditions listed below are only parts of the policy wording. For full details, kindly refer to our MUI Continental Insurance Bhd. policy jacket.

**Pre-existing Illness**

Disabilities that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

- (a) the Insured Person had received or is receiving treatment;
- (b) medical advice, diagnosis, care or treatment had be recommended;
- (c) clear and distinct symptoms are or were evident;
- (d) its existence would have been apparent to a reasonable person in the circumstances

**Waiting Period**

Eligibility for benefits starts thirty (30) days after the Insured Person has been included in the Policy, except for a covered Accident occurring after the effective date of coverage.

**Specified Illnesses**

The following disabilities and its related complications, occurring within the first 120 days of Insurance of the Insured Person:

- (a) Hypertension, diabetes mellitus and cardiovascular disease
- (b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system
- (c) All ear, nose (including sinuses) and throat conditions
- (d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele
- (e) Endometriosis including disease of the reproduction system
- (f) Vertebro-spinal disorders (including disc) and knee conditions.

**Any One Disability**

All of the periods of Disability arising from the same cause including any and all complications there from except that if the Insured Person completely recovers and remain free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the Disability for at least ninety (90) days following the latest date of discharge and subsequent Disability from the same cause shall be considered as though it were a new Disability.

**Overseas Treatment**

If the Insured Person seeks treatment overseas, benefits in respect of the treatment shall be covered subject to the exclusions, limitations and conditions specified in this Policy and all benefits will be payable based on the official exchange rate ruling on the last day of the Period of Confinement and shall exclude the cost of transport to the place of treatment provided:

- i) An Insured Person travelling abroad for a reason other than for medical treatment, needs to be confined to a Hospital outside Malaysia as a consequence of a Medically Emergency.
- ii) An Insured Person upon recommendation of a Physician and has to be transferred to a Hospital outside Malaysia because the specialized nature of the treatment, aid, information or decision required can neither be rendered nor furnished nor taken in Malaysia.
- iii) Overseas treatment of a disease, sickness or injury which is diagnosed in Malaysia and non-emergency or chronic conditions where treatment can reasonably be postponed until returned to Malaysia are excluded.

**Upgraded Room and Board Co-Payment**

If the Insured Person is hospitalized at a published Room & Board rate which is higher than his/ her eligible benefit, the Insured Person shall bear 20% of the other eligible benefits described in the Schedule of Benefit.

### GROUP HOSPITAL & SURGICAL INSURANCE

#### INNER LIMIT (3-15 PAX)

TYPE OF COVERAGE	TYPE OF PLANS				
	PLAN 1 (RM)	PLAN 2 (RM)	PLAN 3 (RM)	PLAN 4 (RM)	PLAN 5 (RM)
<b>SCHEDULE OF BENEFITS</b>					
<b>HOSPITAL BENEFIT / HOSPITAL SERVICES</b>					
1. Hospital Room & Board (per day) (maximum up to 120 days)	300	220	180	120	80
2. Hospital Intensive Care Unit (per day) (maximum up to 20 days)	350	350	350	240	160
<b>PROFESSIONAL / SPECIALIST FEES</b>					
3. Surgical Fees	9000	6600	5400	3600	2400
4. Anaesthetist Fee	3150	2310	1890	1260	840
5. Operating Theatre Fee	3150	2310	1890	1260	840
6. Hospital Services & Supplies	4500	3300	2700	1800	1200
7. In-Hospital Physician's Visits (maximum up to 120 days)	130	120	100	70	40
<b>EMERGENCY/OUT-PATIENT SERVICES</b>					
8. Pre-Hospital Diagnostic Tests (31 days prior to hospitalisation)	900	650	500	350	200
9. Pre-Hospital Specialist Consultation (31 days prior to hospitalisation)	900	650	500	350	200
10. Emergency Accidental Out-Patient Treatment - within 24 hrs after the accident & follow-up treatment up to 14 days	3000	2200	1800	1200	800
11. Emergency Dental Treatment - within 24 hrs after the accident & follow-up treatment up to 14 days	500	500	500	500	500
12. Post-Hospitalisation Treatment (within 31 days from discharge)	1050	750	600	400	250
13. Ambulance Fees	100	100	100	100	100
14. Daily Cash Allowance at Government Hospital (max. up to 120 days)	80	60	50	40	30
15. Emergency Sickness Treatment (Between 12am to 6am)	100	100	100	100	100
16. Medical Report	50	50	50	50	50
17. Govt. Service Tax (Room & Board Limit Only)	5%	5%	5%	5%	5%
18. Funeral Expenses	3000	2000	2000	2000	1000
<b>OVERALL ANNUAL LIMIT - PER PERSON</b>	<b>80000</b>	<b>65000</b>	<b>35000</b>	<b>30000</b>	<b>20000</b>
<b>ANNUAL PREMIUM WITHOUT SUPPLEMENTARY BENEFITS</b>					
<b>TYPE OF PLANS</b>	<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>	<b>PLAN 5</b>
Employee Only - EO	539.00	456.00	296.00	187.00	128.00
Employee & Spouse - ES	1347.50	1140.00	740.00	467.50	320.00
Employee & Children - EC	1347.50	1140.00	740.00	467.50	320.00
Employee & Family - EF	2156.00	1824.00	1184.00	748.00	512.00
<b>SUPPLEMENTARY BENEFITS</b>					
19. Annual Out-Patient Cancer Treatment	30000	22000	18000	12000	8000
20. Annual Out-Patient Kidney Dialysis Treatment	30000	22000	18000	12000	8000
21. Organ Transplant	50000	44000	36000	24000	16000
<b>ANNUAL PREMIUM CONTRIBUTION WITH SUPPLEMENTARY BENEFITS</b>					
<b>TYPE OF PLANS</b>	<b>PLAN 1</b>	<b>PLAN 2</b>	<b>PLAN 3</b>	<b>PLAN 4</b>	<b>PLAN 5</b>
Employee Only - EO	53.00	41.00	34.00	22.00	15.00
Employee & Spouse - ES	132.50	102.50	85.00	55.00	37.50
Employee & Children - EC	132.50	102.50	85.00	55.00	37.50
Employee & Family - EF	212.00	164.00	136.00	88.00	60.00

The above rates are quoted for an established group size of 3-15 employees.

#### INNER LIMIT (16-30 PAX)

TYPE OF PLANS				
PLAN 1 (RM)	PLAN 2 (RM)	PLAN 3 (RM)	PLAN 4 (RM)	PLAN 5 (RM)
300	220	180	120	80
350	350	350	240	160
9000	6600	5400	3600	2400
3150	2310	1890	1260	840
3150	2310	1890	1260	840
4500	3300	2700	1800	1200
130	120	100	70	40
900	650	500	350	200
900	650	500	350	200
3000	2200	1800	1200	800
500	500	500	500	500
1050	750	600	400	250
100	100	100	100	100
80	60	50	40	30
100	100	100	100	100
50	50	50	50	50
5%	5%	5%	5%	5%
3000	2000	2000	2000	1000
<b>80000</b>	<b>65000</b>	<b>35000</b>	<b>30000</b>	<b>20000</b>
521.00	442.00	285.00	179.00	122.00
1302.50	1105.00	712.50	447.50	305.00
1302.50	1105.00	712.50	447.50	305.00
2084.00	1768.00	1140.00	716.00	488.00
30000	22000	18000	12000	8000
30000	22000	18000	12000	8000
50000	44000	36000	24000	16000
53.00	41.00	34.00	22.00	15.00
132.50	102.50	85.00	55.00	37.50
132.50	102.50	85.00	55.00	37.50
212.00	164.00	136.00	88.00	60.00

The above rates are quoted for an established group size of 16-30 employees.

#### INNER LIMIT (31-50 PAX)

TYPE OF PLANS				
PLAN 1 (RM)	PLAN 2 (RM)	PLAN 3 (RM)	PLAN 4 (RM)	PLAN 5 (RM)
300	220	180	120	80
350	350	350	240	160
9000	6600	5400	3600	2400
3150	2310	1890	1260	840
3150	2310	1890	1260	840
4500	3300	2700	1800	1200
130	120	100	70	40
900	650	500	350	200
900	650	500	350	200
3000	2200	1800	1200	800
500	500	500	500	500
1050	750	600	400	250
100	100	100	100	100
80	60	50	40	30
100	100	100	100	100
50	50	50	50	50
5%	5%	5%	5%	5%
3000	2000	2000	2000	1000
<b>80000</b>	<b>65000</b>	<b>35000</b>	<b>30000</b>	<b>20000</b>
503.00	428.00	274.00	171.00	116.00
1257.50	1070.00	685.00	427.50	290.00
1257.50	1070.00	685.00	427.50	290.00
2012.00	1712.00	1096.00	684.00	464.00
30000	22000	18000	12000	8000
30000	22000	18000	12000	8000
50000	44000	36000	24000	16000
53.00	41.00	34.00	22.00	15.00
132.50	102.50	85.00	55.00	37.50
132.50	102.50	85.00	55.00	37.50
212.00	164.00	136.00	88.00	60.00

The above rates are quoted for an established group size of 31-50 employees.