

 EXCELLENCY HEALTHY (EX2022)	EX 3 M	EX 5 M
Benefit Schedule Area of Coverage Worldwide	3,450,000	5,600,000
1. Inpatient Hospitalization (IPD) Coverage	1,950,000	2,600,000
Section 1. Room and Board Cost, Hospital Fee (IPD) per An Inpatient Hospitalization for A Disability	15,000	20,000
In case the Insured hospitalizes in Intensive Care Inpatient Room (ICU), Room and Board, Hospitalize Expenses will be paid by 2 times of Benefit in Section 1. (Limit 15 days)	30,000	40,000
Section 2. Medical Fee for Diagnosis or Treatment, Blood or Blood's Components Cost, Nursing Care Fee, Medicine Cost, Parenteral Nutrition Cost, and Medical Supplies Cost per An Inpatient Hospitalization for A Disability	150,000	200,000
Section 3. Physician Fee for Diagnosis per An Inpatient Hospitalization for A Disability	3,750	5,000
Section 4. Surgical Treatment and Medical Prcedure Expenses per An Inpatient Hospitalization for A Disability	225,000	300,000
Subsection 4.5. Surgical Treatment Expenses for Organ Transplant will be paid by 2 times of Benefit in Section 4.	450,000	600,000
Section 5. Surgical Traetment Expenses for Major Surgery that not require Inpatient Hospitalization (Day Surgery)	Include in Section 4	Include in Section 4
2. Coverage in case of Not Require Inpatient Hospitalization		
Section 6. Medical Fee for Diagnosis Directly Related to, Before and After Inpatient Hospitalization or Continuous OPD Treatment Directly Related to, After Inpatient Hospitalization per An Inpatient Hospitalization for A Disability	Include in Section 2	Include in Section 2
Section 7. OPD Treatment Expenses for Injuring per Time, within 24 Hours after Accident	30,000	40,000
Section 8. Rehabilitation Medicine after Each Inpatient Hospitalization per An Inpatient Hospitalization for A Disability	Include in Section 2	Include in Section 2
Section 9. Medical Fee for Treatment of Chronic Kidney Failure by Kidney Dialysis per Policy Year	Include in Section 2	Include in Section 2
Section 10. Medical Fee for Treatment of Tumor or Cancer by Radiation Therapy, Interventional Radiology, Nuclear Radiology per Policy Year	Include in Section 2	Include in Section 2
Section 11. Medical Fee for Treatment of Cancer by Chemotherapy per Policy Year	Include in Section 2	Include in Section 2
Section 12. Ambulance Fee (include in Section 2.)	15,000	20,000
Section 13. Surgical Treatment Expenses for Minor Surgery	Include in Section 4	Include in Section 4
Major Medical Coverage		
Maximum Payable per Disability/Time/Year	1,500,000	3,000,000
- Deductible which is covered under IPD coverage	150,000	200,000
- Room and Board, Including Nursing Care	Not Covered	Not Covered
Personal Accident Coverage (P.A. 2)		
Lost of Life, Dismemberment, Lost of Sight, Lost of Hearing Lost of Speech, or Permanent Disability (P.A. 2)	200,000	200,000
Worldwide Emergency Assistant Coverage		
Maximum Benefit (US Dollars) 1. Emergency Medical Evacuation 2. Medical Repatriation 3. Repatriation of Mortal Remain	USD 1,000,000	USD 1,000,000
Outpatient Treatment (OPD) Coverage (Optional)	OPD2000	OPD3000
Physician Fee for Diagnosis and Medicine Cost	2,000	3,000
Laboratyory Test and Pathology Fee	20,000	30,000

IPD – Inpatient Annual Premium Unisex (included Stamp Duty)		
AGE (YEARS)	EX 3 M	EX 5 M
15 Days - 5 Years	176,248	215,552
6-10	78,946	96,414
11-20	49,756	60,673
21-35	40,026	48,759
36-40	45,863	55,907
41-45	49,756	60,673
46-50	59,486	72,587
51-55	69,216	84,501
56-60	78,946	96,414
61-65	98,574	120,410
66-70	137,832	168,401
*71 - 75 (Renew only)	196,886	240,555
*76 - 85 (Renew only)	294,188	359,694
OPD – Outpatient Annual Premium Unisex(included Stamp Duty) Outpatient only available as additional policy to IPD policy		
AGE (YEARS)	OPD2000	OPD3000
15 Days - 5 Years	53,148	78,678
6-10	23,621	34,968
11-20	14,763	21,855
21-35	11,811	17,484
36-40	13,582	20,107
41-45	14,763	21,855
46-50	17,716	26,226
51-55	20,669	30,597
56-60	23,621	34,968
61-65	29,527	43,710
66-70	41,337	61,194
*71 - 85 (Renew only)	41,337	61,194