

	SP 1500	SP 2000	SP 3000	SP 4000	SP 6000	SP 12000
<b>Benefit Schedule Area of Coverage Worldwide</b>	<b>195,000</b>	<b>260,000</b>	<b>390,000</b>	<b>520,000</b>	<b>780,000</b>	<b>1,560,000</b>
<b>1. Inpatient Hospitalization (IPD) Coverage</b>	<b>195,000</b>	<b>260,000</b>	<b>390,000</b>	<b>520,000</b>	<b>780,000</b>	<b>1,560,000</b>
<b>Section 1.</b> Room and Board Cost, Hospital Fee (IPD) per An Inpatient Hospitalization for A Disability	<b>1,500</b>	<b>2,000</b>	<b>3,000</b>	<b>4,000</b>	<b>6,000</b>	<b>12,000</b>
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)	3,000	4,000	6,000	8,000	12,000	24,000
<b>Section 2.</b> 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	<b>15,000</b>	<b>20,000</b>	<b>30,000</b>	<b>40,000</b>	<b>60,000</b>	<b>120,000</b>
<b>Section 3.</b> Physician Fee for Diagnosis per An Inpatient Hospitalization for A Disability	375	500	750	1,000	1,500	3,000
<b>Section 4.</b> Surgical Treatment and Medical Prcedure Expenses per An Inpatient Hospitalization for A Disability	<b>22,500</b>	<b>30,000</b>	<b>45,000</b>	<b>60,000</b>	<b>90,000</b>	<b>180,000</b>
Subsection 4.5. Surgical Treatment Expenses for Organ Transplant will be paid by 2 times of Benefit in Section 4.	45,000	60,000	90,000	120,000	180,000	360,000
<b>Section 5.</b> Surgical Traetment Expenses for Major Surgery that not require Inpatient Hospitalization (Day Surgery)	Include in Section 4	Include in Section 4	Include in Section 4	Include in Section 4	Include in Section 4	Include in Section 4
<b>2. Coverage in case of Not Require Inpatient Hospitalization</b>						
<b>Section 6.</b> 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	Include in Section 2	Include in Section 2	Include in Section 2	Include in Section 2
<b>Section 7.</b> OPD Treatment Expenses for Injuring per Time, within 24 Hours after Accident	3,000	4,000	6,000	8,000	12,000	24,000
<b>Section 8.</b> Rehabilitation Medicine after Each Inpatient Hospitalization per An Inpatient Hospitalization for A Disability	Include in Section 2	Include in Section 2	Include in Section 2	Include in Section 2	Include in Section 2	Include in Section 2
<b>Section 9.</b> Medical Fee for Treatment of Chronic Kidney Failure by Kidney Dialysis per Policy Year	Include in Section 2	Include in Section 2	Include in Section 2	Include in Section 2	Include in Section 2	Include in Section 2
<b>Section 10.</b> 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	Include in Section 2	Include in Section 2	Include in Section 2	Include in Section 2
<b>Section 11.</b> Medical Fee for Treatment of Cancer by Chemotherapy per Policy Year	Include in Section 2	Include in Section 2	Include in Section 2	Include in Section 2	Include in Section 2	Include in Section 2
<b>Section 12.</b> Ambulance Fee (include in Section 2.)	1,500	2,000	3,000	4,000	6,000	12,000
<b>Section 13.</b> Surgical Treatment Expenses for Minor Surgery	Include in Section 4	Include in Section 4	Include in Section 4	Include in Section 4	Include in Section 4	Include in Section 4
<b>Major Medical Coverage</b>						
Maximum Payable per Disability/Time/Year - Deductible which is covered under IPD coverage - Room and Board, Including Nursing Care Starts on 61st Day	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Personal Accident Coverage (P.A. 2)</b>						
Lost of Life, Dismemberment, Lost of Sight, Lost of Hearing Lost of Speech, or Permanent Disability (P.A. 2)	100,000	100,000	100,000	100,000	100,000	100,000
<b>Worldwide Emergency Assistant Coverage</b>						
Maximum Benefit (US Dollars) Emergency Medical Evacuation Medical Repatriation Repatriation of Mortal Remain	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Outpatient Treatment (OPD) Coverage (Outpatient only available as additional policy to IPD policy)</b>	<b>OPD800</b>	<b>OPD1000</b>	<b>OPD1500</b>	<b>OPD2000</b>	<b>OPD2500</b>	<b>OPD3000</b>
Physician Fee for Diagnosis and Medicine Cost	800	1,000	1,500	2,000	2,500	3,000
Laboratory Test and Pathology Fee	8,000	10,000	15,000	20,000	25,000	30,000

IPD – Inpatient Annual Premium Unisex (included Stamp Duty)						
AGE (YEARS)	SP1500	SP2000	SP3000	SP4000	SP6000	SP12000
15 Days - 5 Years	19,030	25,227	37,620	50,014	74,801	104,545
6-10	8,702	11,456	16,965	22,473	33,489	46,709
11-20	5,604	7,325	10,768	14,211	21,096	29,358
21-35	4,571	5,948	8,702	11,456	16,965	23,574
36-40	5,191	6,774	9,942	13,109	19,443	27,045
41-45	5,604	7,325	10,768	14,211	21,096	29,358
46-50	6,637	8,702	12,833	16,965	25,227	35,142
51-55	7,670	10,079	14,899	19,719	29,358	40,925
56-60	8,702	11,456	16,965	22,473	33,489	46,709
61-65	10,852	14,295	21,180	28,065	41,836	58,360
66-70	15,151	19,971	29,610	39,249	58,528	81,663
*71 - 75 (Renew only)	21,684	28,569	42,340	56,110	83,651	116,700
*76 - 85 (Renew only)	32,012	42,340	62,995	83,651	124,963	174,537
OPD – Outpatient Annual Premium Unisex(included Stamp Duty) Outpatient only available as additional policy to IPD policy						
AGE (YEARS)	OPD800	OPD1000	OPD1500	OPD2000	OPD2500	OPD3000
15 Days - 5 Years	22,512	27,618	40,383	53,148	65,913	78,678
6-10	10,006	12,275	17,948	23,621	29,295	34,968
11-20	6,253	7,672	11,218	14,763	18,309	21,855
21-35	5,003	6,137	8,974	11,811	14,647	17,484
36-40	5,753	7,058	10,320	13,582	16,844	20,107
41-45	6,253	7,672	11,218	14,763	18,309	21,855
46-50	7,504	9,206	13,461	17,716	21,971	26,226
51-55	8,755	10,740	15,705	20,669	25,633	30,597
56-60	10,006	12,275	17,948	23,621	29,295	34,968
61-65	12,507	15,344	22,435	29,527	36,618	43,710
66-70	17,510	21,481	31,409	41,337	51,266	61,194
*71 - 85 (Renew only)	17,510	21,481	31,409	41,337	51,266	61,194