Section 1. Journal and Handel Care, thought Face (1971) per An Imputed Report Recent (LV) Normal and Boal (Asymptotic Separate Separate Verification Recent (LV) Normal and Boal (Asymptotic Separate Separate Verification Recent (LV) Normal and Boal (Asymptotic Separate Separate Verification Recent (LV) Normal and Boal (Asymptotic Separate Separate Verification Recent (LV) Normal and Boal (Asymptotic Separate Sepa	WEALTHY HEALTHY (WH2022)	WH 1500	WH 2000	WH 3000	WH 4000	WH 6000	WH 12000
Page 1.5	Benefit Schedule Area of Coverage Worldwide	345,000	460,000	690,000	920,000	1,380,000	2,760,000
The fire for formal heighting in Bonnies Can Seption Res (PULS), how mad Name (Neprise Exposes 19,000 19,00	1. Inpatient Hospitalization (IPD) Coverage	195,000	260,000	390,000	520,000	780,000	1,560,000
Part	Section 1. Room and Board Cost, Hospital Fee (IPD) per An Inpatient Hospitalization for A Disability	1,500	2,000	3,000	4,000	6,000	12,000
Part	In case the Insured hospitalizes in Intensive Care Inpatient Room (ICU), Room and Board, Hospitalize Expenses	3,000	4,000	6,000	8,000	12,000	24,000
Parameter Para	will be paid by 2 times of Benefit in Section 1. (Limit 15 days)						
Section A Physicin Proton Physicin Proton Physicin Proton Physicin Proton Physicin Ph	Section 2. Medical Fee for Diagnosis or Treatment, Blood or Blood's Components Cost, Nursing Care Fee, Medicine Cost,	15,000	20,000	30,000	40,000	60,000	120,000
Section Sect	Parenteral Nutrition Cost, and Medical Supplies Cost per An Inpatient Hospitalization for A Disability						
Selection 4.5 Singuical Treatment Decessor for Negret processor for Negret principal model by 2 classes of Segret 2 principal model by 2 classes of Segret 2 principal model by 2 classes of Segret 2 principal model processor for New Segret 2 principal model processor for New Segret 2 principal model processor for New Segret 2 principal model program and the largetism Hospitalization for Continuous OPD Transment **Converge 2 line 2 as of New Requires 1 Hospitalization for Continuous OPD Transment **Location A. Medical for for Chargeson Directly Deleted and Arke largetism Hospitalization or Continuous OPD Transment **Location A. Medical for for Chargeson Directly Deleted and Arke largetism Hospitalization or Continuous OPD Transment **Location A. Medical for for Chargeson Directly Deleted and Arke largetism Hospitalization for A Hospitality **Location A. Medical for for Chargeson Directly Deleted and Arke largetism Hospitalization for A Hospitality **Location A. Medical for for Chargeson Directly Deleted in Secritor A. Medical for Secritor A. Medical for	Section 3. Physician Fee for Diagnosis per An Inpatient Hospitalization for A Disability	375	500	750	1,000	1,500	3,000
Section S. Section T. Sec	Section 4. Surgical Treatment and Medical Prpcedure Expenses per An Inpatient Hospitalization for A Disability	22,500	30,000	45,000	60,000	90,000	180,000
Process Concess Concess Concess Concess Concess Content Cont	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
Section 6. Method Fee for Diagnosis Directly, Robber and After Improtent Hospitalization or Continuous OPTD Treatment Directly Robber 10, After Diagnosis Directly, Robber 10, After Diagnosis Diagnosis Directly, Robber 10, After Diagnosis Directly, Robber 10, After Diagnosis Directly, Robber 10, After Diagnosis Diagnosis Directly, Robber 10, After Diagnosis Diag	Section 5. Surgical Traetment Expenses for Major Surgery that not require Inpatient Hospitalization (Day Surgery)	Include in Section 4					
Processing Related to, After Imputed Hasperlaturation per Ant Imputed Hasperlaturation for A Disability	2. Coverage in case of Not Require Inpatient Hospitalization						
Section 2, POED Treatment Expenses for Engining per Time, within 24 Hours after Accident Section 3, Edublishi and Medicine after Each Implicited Hospital Participation (Posphilar Interview) Include in Section 2 Include in Section 3 Include in Section 4 Include in Section 5 Include in	Section 6. Medical Fee for Diagnosis Directly Related to, Before and After Inpatient Hospitalization or Continuous OPD Treatment	Include in Section 2					
Section 8. Rehabilitation Medicine after Each Impution Hospitalization per An Impution Hospita	Directly Related to, After Inpatient Hospitalization per An Inpatient Hospitalization for A Disability						
Section 9. Medical Fee für Treatment of Clarcer by Kaidary Parlum by Kaidary Dailyses per Policy Year Include in Section 2 Include in Section 3 Include in Section 2 Include in Section 2 Include in Section 3 Include in Section 2 Include in Section 3 Include in Section 2 Include in	Section 7. OPD Treatment Expenses for Injuring per Time, within 24 Hours after Accident	3,000	4,000	6,000	8,000	12,000	24,000
Section 1.0 Medical Fee for Treatment of Tumor or Cumer by Railation Therapy, Interventional Radiology, Nuclear Radiology per Policy Year Include in Section 2 Include in Sectio	Section 8. Rehabilitation Medicine after Each Inpatient Hospitalization per An Inpatient Hospitalization for A Disability	Include in Section 2					
Per Policy Year Per Policy Year Per Policy Year Include in Section 2 Include in Section 3 Include in Section 3 Include in Section 4 Include in S	Section 9. Medical Fee for Treatment of Chronic Kidney Failure by Kidney Dialysis per Policy Year	Include in Section 2					
Section 1.1 Medical Fee for Treatment of Cameer by Chemothenupy per Policy Year Include in Section 2.2 Ambulunce Fee (include in Section 2.2) Include in Section 3.2 Include in Section 4.2	Section 10. Medical Fee for Treatment of Tumor or Cancer by Radiation Therapy, Interventional Radiology, Nuclear Radiology	Include in Section 2					
Section 12. Ambulance Fee (include in Section 2.) 1,500 2,000 3,000 4,000 6,000 12,000	per Policy Year						
Include in Section 4	Section 11. Medical Fee for Treatment of Cancer by Chemotherapy per Policy Year	Include in Section 2					
Major Medical Coverage (Co-payment 10 Percent)	Section 12. Ambulance Fee (include in Section 2.)	1,500	2,000	3,000	4,000	6,000	12,000
Maximum Payable per Disability/Time/Year 15,000 20,000 30,000 40,000 600,000 12,000,000 12,000,000 15,000 20,000 30,000 40,000 60,000 12,000,000 10,0	Section 13. Surgical Treatment Expenses for Minor Surgery	Include in Section 4					
Deductible which is covered under IPD coverage 15,000 20,000 30,000 40,000 60,000 120,000 120,000 1,500 2,000 3,000 4,000 6,000 120,000 120,000 1,500 2,000 3,000 4,000 6,000 120,000 120,000 120,000 100,000	Major Medical Coverage (Co-payment 10 Percent)						
Personal Accident Coverage (P.A. 2) Lost of Life, Dismemberment, Lost of Sight, Lost of Hearing Lost of Sight, Lost of Personal Energency Assistant Coverage Worldwide Emergency Assistant Coverage (P.A. 2) USD 1,000,000 USD 1,00	Maximum Payable per Disability/Time/Year	150,000	200,000	300,000	400,000	600,000	1,200,000
Personal Accident Coverage (P.A. 2) Lost of Life, Dismemberment, 100,000 100,0	- Deductible which is covered under IPD coverage	15,000	20,000	30,000	40,000	60,000	120,000
Lost of Life, Dismemberment, Lost of Sight, Lost of Hearing Lost of Sight, Lost of Hearing Lost of Speech, or Permanent Disability (P.A. 2) Worldwide Emergency Assistant Coverage Maximum Benefit (US Dollars) Emeragency Medical Evacuation Medical Repatriation Repatriation of Mortal Remain Outpatient Treatment (OPD) Coverage (Outpatient only available as additional policy to IPD policy) Physician Fee for Diagnosis and Medicine Cost 100,000	- Room and Board, Including Nursing Care Starts on 61st Day	1,500	2,000	3,000	4,000	6,000	12,000
Lost of Sight, Lost of Hearing Lost of Speech, or Permanent Disability (P.A. 2) Worldwide Emergency Assistant Coverage Maximum Benefit (US Dollars) Emeragency Medical Evacuation Medical Repatriation Repatriation of Mortal Remain Outpatient Treatment (OPD) Coverage (Outpatient only available as additional policy to IPD policy) Physician Fee for Diagnosis and Medicine Cost Outpatient Treatment (OPD) Coverage (Outpatient only available as additional policy to IPD policy) 800 1,000 1,500 2,000 2,500 3,000	Personal Accident Coverage (P.A. 2)						
Lost of Speech, or Permanent Disability (P.A. 2) Worldwide Emergency Assistant Coverage Maximum Benefit (US Dollars) Emeragency Medical Evacuation Medical Repatriation Repatriation of Mortal Remain Outpatient Treatment (OPD) Coverage (Outpatient only available as additional policy to IPD policy) Physician Fee for Diagnosis and Medicine Cost Sussibility (P.A. 2) USD 1,000,000 OPD1500 OPD2500 OPD300 OPD300 OPD300 OPD300	Lost of Life, Dismemberment,	100,000	100,000	100,000	100,000	100,000	100,000
Worldwide Emergency Assistant Coverage Maximum Benefit (US Dollars) Emeragency Medical Evacuation Medical Repatriation Repatriation of Mortal Remain Outpatient Treatment (OPD) Coverage (Outpatient only available as additional policy to IPD policy) Physician Fee for Diagnosis and Medicine Cost WSD 1,000,000 USD 1,000,000 USD 1,000,000 USD 1,000,000 USD 1,000,000 USD 1,000,000 USD 1,000,000 OPD1500 OPD2500 OPD2500 OPD3000 3,000	Lost of Sight, Lost of Hearing						
Maximum Benefit (US Dollars) Emeragency Medical Evacuation Medical Repatriation Repatriation of Mortal Remain Outpatient Treatment (OPD) Coverage (Outpatient only available as additional policy to IPD policy) Physician Fee for Diagnosis and Medicine Cost USD 1,000,000 USD 1,000,000 USD 1,000,000 USD 1,000,000 USD 1,000,000 OPD1000 OPD1500 OPD2000 OPD2500 OPD3000 2,500 3,000	Lost of Speech, or Permanent Disability (P.A. 2)						
Emeragency Medical Evacuation Medical Repatriation Repatriation of Mortal Remain Outpatient Treatment (OPD) Coverage (Outpatient only available as additional policy to IPD policy) OPD800 OPD1000 OPD1500 OPD2000 OPD2500 OPD3000 Physician Fee for Diagnosis and Medicine Cost 800 1,000 1,500 2,000 2,500 3,000	Worldwide Emergency Assistant Coverage						
Repatriation of Mortal Remain Outpatient Treatment (OPD) Coverage (Outpatient only available as additional policy to IPD policy) OPD800 OPD1000 OPD1000 OPD1500 OPD2000 OPD2500 OPD2500 OPD3000 Physician Fee for Diagnosis and Medicine Cost 800 1,000 1,500 2,000 2,500 3,000	Maximum Benefit (US Dollars)	USD 1,000,000					
Outpatient Treatment (OPD) Coverage (Outpatient only available as additional policy to IPD policy) OPD800 OPD1000 OPD1500 OPD2000 OPD2500 OPD3000 Physician Fee for Diagnosis and Medicine Cost 800 1,000 1,500 2,000 2,500 3,000	Emeragency Medical Evacuation Medical Repatriation						
Physician Fee for Diagnosis and Medicine Cost 800 1,000 1,500 2,000 2,500 3,000	Repatriation of Mortal Remain						
	Outpatient Treatment (OPD) Coverage (Outpatient only available as additional policy to IPD policy)	OPD800	OPD1000	OPD1500	OPD2000	OPD2500	OPD3000
Laboratyory Test and Pathology Fee 8,000 10,000 15,000 20,000 25,000 30,000	Physician Fee for Diagnosis and Medicine Cost	800	1,000	1,500	2,000	2,500	3,000
	Laboratyory 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)	WH 1500	WH 2000	WH 3000	WH 4000	WH 6000	WH 12000					
15 Days - 5 Years	28,047	37,168	55,410	73,652	110,137	153,917					
6-10	12,845	16,899	25,007	33,115	49,329	68,788					
11-20	8,285	10,818	15,886	20,953	31,088	43,249					
21-35	6,765	8,791	12,845	16,899	25,007	34,735					
36-40	7,677	10,007	14,670	19,332	28,655	39,844					
41-45	8,285	10,818	15,886	20,953	31,088	43,249					
46-50	9,805	12,845	18,926	25,007	37,168	51,762					
51-55	11,326	14,872	21,966	29,061	43,249	60,274					
56-60	12,845	16,899	25,007	33,115	49,329	68,788					
61-65	15,970	21,037	31,172	41,306	61,575	85,897					
66-70	22,218	29,313	43,501	57,689	86,065	120,118					
*71 - 75 (Renew only)	31,676	41,810	62,079	82,348	122,886	171,531					
*76 - 85 (Renew only)	46,878	62,079	92,482	122,886	183,693	256,661					
OPD – Outpatient Annual Premium Unisex(included Stamp	Duty) Outpatient onl	y available as additio	nal 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					