

 <b>WEALTHY HEALTHY (WH2022)</b>	WH 1500	WH 2000	WH 3000	WH 4000	WH 6000	WH 12000
<b>Benefit Schedule Area of Coverage Worldwide</b>	<b>345,000</b>	<b>460,000</b>	<b>690,000</b>	<b>920,000</b>	<b>1,380,000</b>	<b>2,760,000</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 Treatment 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 (Co-payment 10 Percent)</b>						
Maximum Payable per Disability/Time/Year	150,000	200,000	300,000	400,000	600,000	1,200,000
- Deductible which is covered under IPD coverage	15,000	20,000	30,000	40,000	60,000	120,000
- Room and Board, Including Nursing Care Starts on 61st Day	1,500	2,000	3,000	4,000	6,000	12,000
<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	USD 1,000,000	USD 1,000,000	USD 1,000,000	USD 1,000,000	USD 1,000,000	USD 1,000,000
<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)**

<b>AGE (YEARS)</b>	<b>WH 1500</b>	<b>WH 2000</b>	<b>WH 3000</b>	<b>WH 4000</b>	<b>WH 6000</b>	<b>WH 12000</b>
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 only available as additional policy to IPD policy**

<b>AGE (YEARS)</b>	<b>OPD800</b>	<b>OPD1000</b>	<b>OPD1500</b>	<b>OPD2000</b>	<b>OPD2500</b>	<b>OPD3000</b>
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