

[illegible]

<b>Section 7. OPD Treatment Expenses for Injuring per Time, within 24 Hours after Accident</b>	3,000	4,000	6,000	8,000	12,000	24,000
<b>Section 8. Rehabilitation Medicine after Each Inpatient Hospitalization per An Inpatient Hospitalization for A Disability</b>	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. Medical Fee for Treatment of Chronic Kidney Failure by Kidney Dialysis per Policy Year</b>	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. Medical Fee for Treatment of Tumor or Cancer by Radiation Therapy, Interventional Radiology, Nuclear Radiology per Policy Year</b>	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. Medical Fee for Treatment of Cancer by Chemotherapy per Policy Year</b>	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. Ambulance Fee (include in Section 2.)</b>	1,500	2,000	3,000	4,000	6,000	12,000
<b>Section 13. Surgical Treatment Expenses for Minor Surgery</b>	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>Personal Accident Coverage (PA 2)</b>						
- Accidental Death, Dismemberment, and Total Permanent Disability (Murder or Assault, payable 100 percent of PA coverage) (Drive Motorcycle or Passenger on Motorcycle, payable 100 percent of PA coverage)	100,000	100,000	100,000	100,000	100,000	100,000

<b>Out-Patient (OPD) (optional)</b>	<b>OPD800</b>	<b>OPD1000</b>	<b>OPD1500</b>	<b>OPD2000</b>	<b>OPD2500</b>	<b>OPD3000</b>
- Maximum Benefit per Policy Year	32,000	40,000	60,000	80,000	100,000	120,000
- Physician Fee for Diagnosis and Medicine (Max. 1 visit per day, limit 30 visits per year)	800	1,000	1,500	2,000	2,500	3,000
- Laboratory Test Expenses and Diagnosis (Max. per Year)	8,000	10,000	15,000	20,000	25,000	30,000

IPD – Inpatient Annual Premium (included Stamp Duty)						
AGE (YEARS)	SP1500	SP2000	SP3000	SP4000	SP6000	SP1200
15 Days - 5 Years	36,759	48,865	73,078	97,290	145,715	203,825
6 - 10	17,203	22,790	33,965	45,140	67,490	94,310
11 - 20	7,424	9,753	14,409	19,065	28,378	39,553
21 - 35	6,028	7,890	11,615	15,340	22,790	31,730
36 - 40	6,866	9,008	13,291	17,575	26,143	36,424
41 - 45	7,424	9,753	14,409	19,065	28,378	39,553
46 - 50	8,821	11,615	17,203	22,790	33,965	47,375
51 - 55	10,218	13,478	19,996	26,515	39,553	55,198
56 - 60	11,615	15,340	22,790	30,240	45,140	63,020
61 - 65	14,493	19,149	28,462	37,774	56,399	78,749
66 - 70	20,248	26,767	39,805	52,842	78,917	110,207
*71 - 75 (Renew only)	28,966	38,278	56,903	75,528	112,778	157,478
*76 - 85 (Renew only)	42,934	56,903	84,841	112,778	168,653	235,703
OPD – Outpatient Annual Premium (included Stamp Duty)						
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