

In-Patient Coverage (IPD) SIMPLY HEALTHY (SP2025)	SP 1500	SP 2000	SP 3000	SP 4000	SP 6000	SP 12000
Coverage	195,000	260,000	390,000	520,000	780,000	1,560,000
1. Inpatient Hospitalization (IPD) coverage	195,000	260,000	390,000	520,000	780,000	1,560,000
Section 1. Room and Board Cost, Hospital Fee (IPD) per An Inpatient Hospitalization for A	1,500	2,000	3,000	4,000	6,000	12,000
Disability (Max. per Day, Limit 60 Days)						
In case the Insured hospitalizes in Intensive Care Inpatient Room (ICU), Room and Board,	3,000	4,000	6,000	8,000	12,000	24,000
Hospitalize Expenses will be paid by 2 times of Benefit in Section 1. (Limit 15 days)						
	45.000	20.000	20.000	40,000	00,000	100.000
Section 2. Medical Fee for Diagnosis or Treatment, Blood or Blood's Components Cost,	15,000	20,000	30,000	40,000	60,000	120,000
Nursing Care Fee, Medicine Cost, Parenteral Nutrition Cost, and Medical Supplies Cost per An						
Inpatient Hospitalization for A Disability						
Section 3. Physician Fee for Diagnosis per An Inpatient Hospitalization for A Disability (Max.	375	500	750	1,000	1,500	3,000
per Day, Limit 60 Days)						
Section 4. Surgical Treatment and Medical Procedure Expenses per An Inpatient	22,500	30,000	45,000	60,000	90,000	180,000
Hospitalization for A Disability						
Subsection 4.5. Surgical Treatment Expenses for Organ Transplant will be paid by 2 times of	45,000	60,000	90,000	120,000	180,000	360,000
Section 5. Surgical Treatment Expenses for Major Surgery that not require Inpatient	include in					
Hospitalization (Day Surgery)	Section 4					
2. Coverage in case of Not Require Inpatient Hospitalization						
Section 6. Medical Fee for Diagnosis Directly Related to, Before and After Inpatient	include in					
Hospitalization or Continuous OPD Treatment Directly Related to, Before and After Inpatient	Section 2					
Hospitalization or Continuous OPD Treatment						

SIMPLY HEALTHY



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 8. Rehabilitation Medicine after Each Inpatient Hospitalization per An Inpatient	include in					
Hospitalization for A Disability	Section 2					
Section 9. Medical Fee for Treatment of Chronic Kidney Failure by Kidney Dialysis per Policy	include in					
Year	Section 2					
Section 10. Medical Fee for Treatment of Tumor or Cancer by Radiation Therapy, Interventional	include in					
Radiology, Nuclear Radiology per Policy Year	Section 2					
Section 11. Medical Fee for Treatment of Cancer by Chemotherapy per Policy Year	include in					
	Section 2					
Section 12. Ambulance Fee (include in Section 2.)	1,500	2,000	3,000	4,000	6,000	12,000
Section 13. Surgical Treatment Expenses for Minor Surgery	include in					
	Section 4					
Personal Accident Coverage (PA 2)						
- Accidental Death, Dismemberment, and Total Permanent Disability	100,000	100,000	100,000	100,000	100,000	100,000
(Murder or Assault, payable 100 percent of PA coverage)						
(Drive Motorcycle or Passenger on Motorcycle, payable 100 percent of PA coverage)						

Out-Patient (OPD) (optional)	OPD800	OPD1000	OPD1500	OPD2000	OPD2500	OPD3000
- 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
15 Days - 5 Years 6 - 10	22,512 10,006	27,618 12,275	40,383 17,948	53,148 23,621	65,913 29,295	78,678 34,968
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6 - 10	10,006	12,275	17,948	23,621	29,295	34,968
6 - 10 11 - 20	10,006 6,253	12,275 7,672	17,948 11,218	23,621 14,763	29,295 18,309	34,968 21,855
6 - 10 11 - 20 21 - 35	10,006 6,253 5,003	12,275 7,672 6,137	17,948 11,218 8,974	23,621 14,763 11,811	29,295 18,309 14,647	34,968 21,855 17,484
6 - 10 11 - 20 21 - 35 36 - 40	10,006 6,253 5,003 5,753	12,275 7,672 6,137 7,058	17,948 11,218 8,974 10,320	23,621 14,763 11,811 13,582	29,295 18,309 14,647 16,844	34,968 21,855 17,484 20,107
6 - 10 11 - 20 21 - 35 36 - 40 41 - 45	10,006 6,253 5,003 5,753 6,253	12,275 7,672 6,137 7,058 7,672	17,948 11,218 8,974 10,320 11,218	23,621 14,763 11,811 13,582 14,763	29,295 18,309 14,647 16,844 18,309	34,968 21,855 17,484 20,107 21,855
6 - 10 11 - 20 21 - 35 36 - 40 41 - 45 46 - 50	10,006 6,253 5,003 5,753 6,253 7,504	12,275 7,672 6,137 7,058 7,672 9,206	17,948 11,218 8,974 10,320 11,218 13,461	23,621 14,763 11,811 13,582 14,763 17,716	29,295 18,309 14,647 16,844 18,309 21,971	34,968 21,855 17,484 20,107 21,855 26,226
6 - 10 11 - 20 21 - 35 36 - 40 41 - 45 46 - 50 51 - 55	10,006 6,253 5,003 5,753 6,253 7,504 8,755	12,275 7,672 6,137 7,058 7,672 9,206 10,740	17,948 11,218 8,974 10,320 11,218 13,461 15,705	23,621 14,763 11,811 13,582 14,763 17,716 20,669	29,295 18,309 14,647 16,844 18,309 21,971 25,633	34,968 21,855 17,484 20,107 21,855 26,226 30,597
6 - 10 11 - 20 21 - 35 36 - 40 41 - 45 46 - 50 51 - 55 56 - 60	10,006 6,253 5,003 5,753 6,253 7,504 8,755 10,006	12,275 7,672 6,137 7,058 7,672 9,206 10,740 12,275	17,948 11,218 8,974 10,320 11,218 13,461 15,705 17,948	23,621 14,763 11,811 13,582 14,763 17,716 20,669 23,621	29,295 18,309 14,647 16,844 18,309 21,971 25,633 29,295	34,968 21,855 17,484 20,107 21,855 26,226 30,597 34,968