

In-Patient Coverage (IPD) WEALTHY HEALTHY (WH2025)	WH1500	WH2000	WH3000	WH4000	WH6000	WH12000
INPATIENT HOSPITALIZATION (IPD) COVERAGE	345,000	460,000	690,000	920,000	1,380,000	2,760,000
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)						
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	375	500	750	1,000	1,500	3,000
(Max. 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	45,000	60,000	90,000	120,000	180,000	360,000
of Benefit in Section 4.						
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, After Inpatient	Section 2					
Hospitalization per An Inpatient Hospitalization for A Disability						



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	include in					
Policy Year	Section 2					
Section 10. Medical Fee for Treatment of Tumor or Cancer by Radiation Therapy,	include in					
Interventional 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					
Major Medical Coverage						
Maximum payable per disability/time/year	150,000	200,000	300,000	400,000	600,000	1,200,000
(Pays 90 percent of the eligible expenses in excess of the deductible)						
- Deductible (pay by the Insured)	15,000	20,000	30,000	40,000	60,000	120,000
- Room and Board, Nursing Care (Max. per day, starts on 61st day)	1,500	2,000	3,000	4,000	6,000	12,000
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)						



Worldwide Emergency Assistant Coverage (By AWP Assistant)						
- Emergency Medical Evacuation	USD	USD	USD	USD	USD	USD
- Medical Repatriation	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
- Repatriation of Mortal Remain						

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)	WH 1500	WH 2000	WH 3000	WH 4000	WH 6000	WH 12000
15 Days - 5 Years	55,430	73,679	110,177	146,674	219,669	307,263
6 - 10	25,952	34,374	51,219	68,064	101,754	142,182
11 - 20	11,212	14,722	21,740	28,759	42,797	59,642
21 - 35	9,107	11,914	17,529	23,144	34,374	47,850
36 - 40	10,370	13,599	20,055	26,513	39,428	54,926
41 - 45	11,212	14,722	21,740	28,759	42,797	59,642
46 - 50	13,317	17,529	25,952	34,374	51,219	71,433
51 - 55	15,423	20,337	30,162	39,989	59,642	83,225
56 - 60	17,529	23,144	34,374	45,604	68,064	95,016
61 - 65	21,824	28,843	42,881	56,918	84,993	118,683
66 - 70	30,414	40,241	59,894	79,546	118,851	166,017
*71 - 75 (Renew only)	43,385	57,422	85,497	113,572	169,722	237,102
*76 - 85 (Renew only)	64,440	85,497	127,610	169,722	253,947	355,017
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