

[illegible]

| | | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 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 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 |
| Section 9. 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 |
| Section 10. 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 |
| Section 11. 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 |
| 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 | include in Section 4 | include in Section 4 | include in Section 4 | include in Section 4 | 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 (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 |

| 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 Remains | | | | | | |

| 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 |