

In-Patient Coverage (IPD) EXCELLENCY HEALTHY (EX2025)	EX 3 M	EX 5 M	EX 10 M
INPATIENT HOSPITALIZATION (IPD) COVERAGE	3,450,000	5,600,000	10,900,000
1. Inpatient Hospitalization (IPD) coverage	1,950,000	2,600,000	3,900,000
Section 1. Room and Board Cost, Hospital Fee (IPD) per An Inpatient Hospitalization for A Disability (Max. per Day, Limit 60 Days)	15,000	20,000	30,000
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)	30,000	40,000	60,000
Section 2. 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	150,000	200,000	300,000
Section 3. Physician Fee for Diagnosis per An Inpatient Hospitalization for A Disability (Max. per Day, Limit 60 Days)	3,750	5,000	7,500
Section 4. Surgical Treatment and Medical Procedure Expenses per An Inpatient Hospitalization for A Disability	225,000	300,000	450,000
Subsection 4.5. Surgical Treatment Expenses for Organ Transplant will be paid by 2 times of Benefit in	450,000	600,000	900,000
Section 5. 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
2. Coverage in case of Not Require Inpatient Hospitalization			
Section 6. 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
Section 7. OPD Treatment Expenses for Injuring per Time, within 24 Hours after Accident	30,000	40,000	60,000
Section 8. Rehabilitation Medicine after Each Inpatient Hospitalization per An Inpatient Hospitalization	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

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
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
Section 12. Ambulance Fee (include in Section 2.)	15,000	20,000	30,000
Section 13. Surgical Treatment Expenses for Minor Surgery	include in Section 4	include in Section 4	include in Section 4
Major Medical Coverage			
Maximum payable per disability/time/year	1,500,000	3,000,000	7,000,000
(Pays 100 percent of the eligible expenses in excess of the deductible)			
- Deductible (pay by the Insured)	150,000	200,000	300,000
- Room and Board, Nursing Care (Max. per day, starts on 61st day)	not cover	not cover	not cover
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)	200,000	200,000	200,000
Worldwide Emergency Assistant Coverage (By AWP Assistant)			
- Emergency Medical Evacuation - Medical Repatriation - Repatriation of Mortal Remains	USD 1,000,000	USD 1,000,000	USD 1,000,000
Out-Patient (OPD) (optional)	OPD2000	OPD3000	OPD3000
- Maximum Benefit per Policy Year	80,000	120,000	120,000
- Physician Fee for Diagnosis and Medicine (Max. 1 visit per day, limit 30 visits per year)	2,000	3,000	3,000
- Laboratory Test Expenses and Diagnosis (Max. per Year)	20,000	30,000	30,000

IPD – Inpatient Annual Premium (included Stamp Duty)			
AGE (YEARS)	EX 3 M	EX 5 M	EX 10 M
15 Days - 5 Years	351,251	433,354	582,935
6 - 10	162,710	200,604	269,642
11 - 20	68,439	84,229	112,995
21 - 35	54,973	67,604	90,617
36 - 40	63,054	77,579	104,043
41 - 45	68,439	84,229	112,995
46 - 50	81,907	100,854	135,373
51 - 55	95,374	117,479	157,751
56 - 60	108,842	134,104	180,129
61 - 65	135,944	167,522	225,053
66 - 70	190,149	234,358	314,902
*71 - 75 (Renew only)	271,624	334,780	449,843
*76 - 85 (Renew only)	406,296	501,030	673,624
OPD – Outpatient Annual Premium (included Stamp Duty)			
AGE (YEARS)	OPD2000	OPD3000	OPD3000
15 Days - 5 Years	53,148	78,678	78,678
6 - 10	23,621	34,968	34,968
11 - 20	14,763	21,855	21,855
21 - 35	11,811	17,484	17,484
36 - 40	13,582	20,107	20,107
41 - 45	14,763	21,855	21,855
46 - 50	17,716	26,226	26,226
51 - 55	20,669	30,597	30,597
56 - 60	23,621	34,968	34,968
61 - 65	29,527	43,710	43,710
66 - 70	41,337	61,194	61,194
*71 - 85 (Renew only)	41,337	61,194	61,194