

Insurance Application Fee: 1-5 WEEKS ₩49,000 pw / 6-11 WEEKS ₩45,000 pw / 12-22 WEEKS ₩40,000 pw

Type	Insurance Subscription Amount (Standard)		Insurance Deductible	
	Hospitalization	Outpatient		
Injuries During Travel	10,000,000 KRW		NONE	
Injuries due to Traffic Accident	-		NONE	
Coverage for Actual Medical Expenses	Injury Allowance	10,000,000 KRW	100,000 KRW	20%
	Disease Allowance	5,000,000 KRW	50,000 KRW	20%
	Injury for Non- benefit	10,000,000 KRW	100,000 KRW	30%
	Disease for Non- benefit	5,000,000 KRW	50,000 KRW	30%
Chiropractic Treatment	-		30%	
Injection Treatment	-		30%	
MRI	-		30%	
Diagnosis of Burn Coverage	100,000 KRW		NONE	
Burn Surgery Coverage	100,000 KRW		NONE	
Diagnosis of Fracture Coverage (Excluding broken teeth)	300,000 KRW		NONE	
Fracture Surgery Coverage	300,000 KRW		NONE	
Emergency Room Admission Coverage (Emergency)	10,000 KRW		NONE	
Emergency Room Admission Coverage (Non-Emergency)	10,000 KRW		NONE	
Diagnosis of Five Major Fractures Coverage	300,000 KRW		NONE	
5 Major Fractures Surgery Coverage	500,000 KRW		NONE	
Knee Ligament Tear/Cartilage Damage Surgery Cost	-		NONE	
Traumatic Spinal Cord Injury Surgery Cost	-		NONE	
Joint (Knee, Hip) Injury	-		NONE	
Surgery Cost				
Achilles Tendon Injury Surgery Cost	-		NONE	
Cast Treatment Coverage	100,000 KRW		NONE	
Daily Compensation for Hospitalization due to Food Poisoning	10,000 KRW		NONE	
Daily Compensation for Hospitalization due to Traffic Injury	10,000 KRW		NONE	
Violent Crimes (During daily activities)	1,000,000 KRW		NONE	

Note 1. The patient's self-payment for outpatient treatment (covered by insurance) is either 20% of the actual treatment cost or a hospital-specific fee ranging from 10,000 to 20,000 KRW. (Note that the highest amount is applicable.)

Note 2. The patient's self-payment for outpatient treatment (not covered by insurance) is either 30% of the actual treatment cost or 30,000 KRW. (Note that the highest amount is applicable.)

Note 3. The actual medical expenses include a premium that already incorporates a surcharge for those not covered by the National Health Insurance.

Note 4. The patient's self-payment for the three non-reimbursed treatments (chiropractic treatment, injection treatment, and MRI) is either 30% of the cost or 30,000 KRW. (Note that the highest amount is applicable.)

Note 5. The daily hospitalization coverage due to food poisoning is applicable for stays lasting four days or more.

Note 6. The daily hospitalization coverage due to traffic accident injuries is applicable for stays lasting one day or more.

For Detailed conditions such as claims covered or not covered by the insurance company, please refer to the policy wording.

[Disclaimer]

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverages afforded by the policy.