

AON

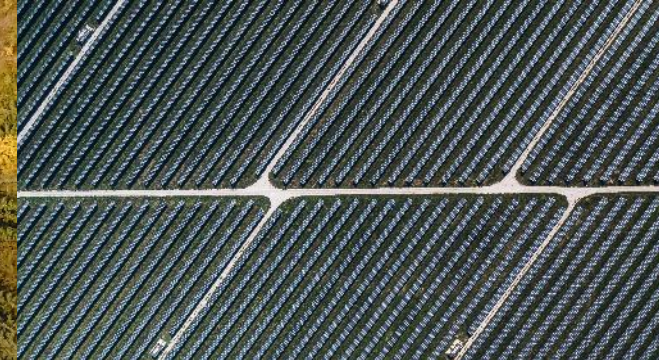
S&P Global Korea

2024-2025 Group Insurance Manual

2024.12.05

본 안내서는 단체보험 가입자의 이해를 돕기 위해 작성된 참조 자료이며, 자세한 내용은 가입된 보험약관의 규정을 따릅니다.

This manual is the reference to help understanding about group term & medical insurance for employee and details comply with the insurance terms. Korean version is prior to this translated version.



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1-1. 2024-2025 Summary of Benefits _ Fixed Insured Amounts

- Period : 5 Dec 2024 ~ 5 Dec 2025 (1 Year)
- Insurer : Samsung Life, Kyobo Life, Hyundai M&F

Coverage	Detailed Benefits	Insured Amount	Eligibility
Accident Death	Death as a result of accident Kyobo : ASx2.5(Max300Mil) / Samsung : ASx1.5(Max500Mil) / Hyundai : ASx1(Max500Mil)	ASx5	EE
Accident Disability	Disability as a result of accident Kyobo : ASx0.5(Max300Mil) / Samsung : ASx1.5(Max500Mil) / Hyundai : ASx1(Max500Mil) - 3% ~ 100% of insured amount according to disability degree	ASx3	
Disease Death	Death as a result disease Kyobo : ASx0.5(Max300Mil) / Samsung : ASx1.5(Max500Mil) / Hyundai : ASx1(Max100Mil)	ASx3	
Disease Disability	Over 80% of disability as a result disease Kyobo : ASx0.5(Max300Mil) / Samsung : ASx1.5(Max500Mil) / Hyundai : ASx1(Max100Mil)	ASx3	
2 Critical Illness	Diagnosis as cerebral hemorrhage or acute myocardial infarction (1 time each) - KCD Code (I60~I62) / KCD Code (I21~I23)	20Mil.	

➤ This is for brief summary review purpose only, and benefits are solely paid according to insurer's terms.

1-2. 2024-2025 Summary of Benefits _ Fixed Insured Amounts

- Period : 5 Dec 2024 ~ 5 Dec 2025 (1 Year)
- Insurer : Samsung Life, Kyobo Life, Hyundai M&F

Coverage		Detailed Benefits	Insured Amount	Eligibility
Cancer	Cancer Diagnosis	<p>If diagnosis as defined cancer (1time, 1 case) (Waiting Period : 0days)</p> <ul style="list-style-type: none"> - Thyroid Cancer/Borderline Tumor @ 20% - Carcinoma in situ/Other cutaneous cancer/intramucosal cancer of the large intestine / non-invasive bladder cancer @ 10% - Exclude pre-existing Cancer/metastatic cancer/recurrent cancer - C77~C80 is covered based on the original part (part that initially formed) in the case of malignant neoplasia of the unclear, secondary and unspecified area. 	10Mil.	EE/SP
	Cancer Surgery	<p>Surgical operation for cancer (per surgery)</p> <ul style="list-style-type: none"> - Thyroid Cancer/Borderline Tumor @ 30% - General Cancer/ Thyroid Cancer/Borderline Tumor (after at least 2 surgeries), cutaneous cancer and carcinoma in situ @ 10% - Exclude pre-existing Cancer/metastatic cancer/recurrent cancer - C77~C80 is covered based on the original part (part that initially formed) in the case of malignant neoplasia of the unclear, secondary and unspecified area 	2Mil.	
	Cancer Hospitalization Daily Allowance	<p>In case of hospitalization due to cancer surgery, insured amount per day will be paid from the 4th day up to 120 days during the policy period (Excludes convalescent hospital)</p> <ul style="list-style-type: none"> - Thyroid Cancer, Borderline Tumor, other cutaneous cancer and Carcinoma in situ @40% - C77~C80 is covered based on the original part (part that initially formed) in the case of malignant neoplasia of the unclear, secondary and unspecified area. 	50K per day	
		<p>In case of convalescent hospital, coverage is effective from 4th days of hospitalization up to 60days (Only convalescent hospital)</p> <ul style="list-style-type: none"> - Thyroid Cancer, Borderline Tumor, other cutaneous cancer and Carcinoma in situ @50% - C77~C80 is covered based on the original part (part that initially formed) in the case of malignant neoplasia of the unclear, secondary and unspecified area. 	20K per day	
Nursing Care	<p>In case of hospitalization due to disease, accident or maternity if applicable to NHI, insured amount per day will be paid during the policy period.</p> <ul style="list-style-type: none"> - Inpatient daily allowance due to accident, disease and maternity up to 365 days - Excluding Car accident & industrial accident - Excluding Mental-F code(F04~F99), congenital illness -Q code(Q00~Q99) or factors, Influencing health status and contact with health services -Z code(Z00~Z99) 	30K per day	EE/SP/CH	



➤ This is for brief summary review purpose only, and benefits are solely paid according to insurer's terms.

2-1. 2024-2025 Summary of Benefits _ Medical Coverage Standard

- Period : 5 Dec 2024 ~ 5 Dec 2025 (1 Year)
- Insurer : Samsung Life, Kyobo Life, Hyundai M&F

Coverage	Detailed Benefits		Insured Amount	Eligibility
Accident & Disease & Maternity Medical Treatment	Hospitalization/Outpatient incurred during the policy period due to accident, disease and/or maternity, which treated as covered benefits by NHI will be covered with following deductible applied.			
	■ Reimbursement			
		Coverage	Reimbursement Detail	
	Hospitalization	Statutory	80% of medical expense form statutory treatments defined by NHI	
		Non-Statutory	70% of medical expense form non-statutory treatments defined by NHI (excluding upper Room expense)	
		Upper Room expense	50% of Non-statutory treatments defined by NHI (Daily maximum of 100K)	
	Outpatient	Statutory	For each outpatient visit (doctor's visit & prescription) medical expense from statutory treatments after deductible will be reimbursed	
		Non-Statutory	For each outpatient visit (doctor's visit & prescription) medical expense from non-statutory treatments after deductible will be reimbursed. (Limited to 100 cases for each policy year)	
	■ Deductible			
		Coverage	Deductible Detail	
Hospitalization	Statutory	20%		
	Non-Statutory	30%		
	Upper Room expense	50% (Daily Maximum of 100K)		
Outpatient	Statutory	Private hospitals/clinics, local health/medical centers and pharmacies	Deductible the larger value between 10K and 20% of medical expense	
		General hospitals, specialized value institutes, and pharmacies	Deductible the larger value between 20K and 20% of medical expense	
	Non-Statutory	Private hospitals/clinics, local health/medical centers and pharmacies	Deductible the larger value between 30K and 30% of medical expense	
<ul style="list-style-type: none"> - [Non-Statutory] Outpatient is limited to max. 100 visits per year. (No limit for statutory items) - [Non-Statutory] Excluding Non-Statutory dental and oriental medicine - [Non-Statutory Hospitalization] Excluding oriental physiotherapy and oriental medicine as health supplement (non-medical) - [Non-Statutory Hospitalization] If NHI is not applied for the entire medical expense, only 40% of out of pockets expense is covered. - [Non-Statutory Outpatient] If NHI is not applied for the entire medical expense, only 40% of out of pockets expense after deductible is covered. - Excluding automobile accidents and industrial accidents (However, the above reimbursement guideline will apply to the actual out-of-pocket expense) - Excluding overseas medical expense - Excluding non-statutory (spinal therapy/extracorporeal therapy/prolotherapy ,Injections, MRI/MRA) - Maternity (delivery) coverage is subject to pregnancy, delivery and postpartum disease (O00~O99) 				
	Statutory	Hospitalization/ Outpatient 30M per Year (Outpatient 150K Per visit)	EE SP CH	
	Non-Statutory	Hospitalization/ Outpatient 30M per Year (Outpatient 150K Per visit)		

➤ Inpatient, Outpatient and Options will be indemnified proportionately with other insurance policies which have same coverage (including individual policies)



2-2. 2024-2025 Summary of Benefits _ Medical Coverage Specific Treatments

- Period : 5 Dec 2024 ~ 5 Dec 2025 (1 Year)
- Insurer : Samsung Life, Kyobo Life, Hyundai M&F

Coverage	Detailed Benefits			Insured Amount	Eligibility
3 Non-Statutory Treatments	3 Non-Statutory treatments incurred as hospitalization/outpatients during the policy to accident and/or disease, which is treated as covered benefits by NHI will be covered up to insured amount with following deductible applied.			Refer to the left table	EE SP CH
	Treatments	Deductible	Insured Amount (Max. Limit)		
	Spinal Therapy	The larger value between 30K and 30% of medical expense	3.5M (Limit of 50 cases) per year		
	Injection	The larger value between 30K and 30% of medical expense	2.5M (Limit of 50 cases) per year		
	MRI/MRA	The larger value between 30K and 30% of medical expense	3M per year		
<ul style="list-style-type: none"> - Initial 10 cases of Spinal therapy, extracorporeal therapy, and prolotherapy will be covered. Additional cases will be provided up to 50 cases (increment of 10 cases) after verifying the effectiveness of treatment through objective examination. - Excluding vitamins and health supplements provided for non-medical purposes, such as nutrition supply, fatigue recovery, anti-aging and others. - If an insured receives the treatment more than twice a day, they will be counted as separate cases. The deductible will also be separately applied for each count. - Excluding overseas medical expense - Excluding maternity 					

- Medical coverage specific treatments : There are separate coinsurance for these options and there is no division of Inpatient and Outpatient and Accidental and Disease in these options.
- Inpatient, Outpatient and Options will be indemnified proportionately with other insurance policies which have same coverage (including individual policies)
- This is for brief summary review purpose only, and benefits are solely paid according to insurer's terms.

[Attached] Definition of Terms (This is written under Medical Coverage Clause)

용어	정의
의료기관	1. 「의료법」 제3조(의료기관) 제2항에서 정하는 의료기관을 말하며, 종합병원·병원·치과병원·한방병원·요양병원·의원·치과의원·한의원 (조산원 제외) 2. 「국민건강보험법」 제42조제1항제4호에 의한 보건소·보건의료원·보건지소 및 동법 제42조제1항 제5호에 의한 보건진료소
입원	의사가 피보험자의 질병 또는 상해로 인하여 치료가 필요하다고 인정한 경우로서 자택 등에서 치료가 곤란하여 의료기관 또는 이와 동등하다고 인정되는 의료기관에 입실하여 계속하여 6시간 이상 체류하면서 의사의 관찰 및 관리하에 치료받는 것
연간(보험연도)	당해연도 계약해당일부터 차년도 계약해당일 전일까지 매1년 단위의 연도 (보험계약일 2024년 12월 05일로 연간(보험연도)의 기준은 2024년 12월 05일부터 2025년 12월 04일까지)
보상대상의료비	실제부담액 - 보장제외금액
보장책임액	(보장대상의료비 - 피보험자부담 공제금액)과 보험가입금액 중 작은 금액
상급 병실료 차액	상급병상을 이용함에 따라 요양급여 대상인 입원료 외에 추가로 부담하는 입원실 이용 비용
도수치료	치료자가 손(정형용 교정장치 장비 등의 도움을 받는 경우를 포함)을 이용해서 환자의 근골격계통(관절, 근육, 연부조직, 림프절 등)의 기능 개선 및 통증감소를 위하여 실시하는 치료행위 ※ 의사 또는 의사의 지도하에 물리치료사가 도수치료를 하는 경우에 한함
체외충격파치료	체외에서 충격파를 병변에 가해 혈관 재형성을 돕고 건(힘줄) 및 뼈의 치유 과정을 자극하거나 재활성화 시켜 기능개선 및 통증감소를 위하여 실시하는 치료행위 (체외충격파쇄석술은 제외)
증식치료	근골격계 통증이 있는 부위의 인대나 건(힘줄), 관절, 연골 등에 증식물질을 주사하여 통증이 소실되거나 완화되는 것을 유도하는 치료행위

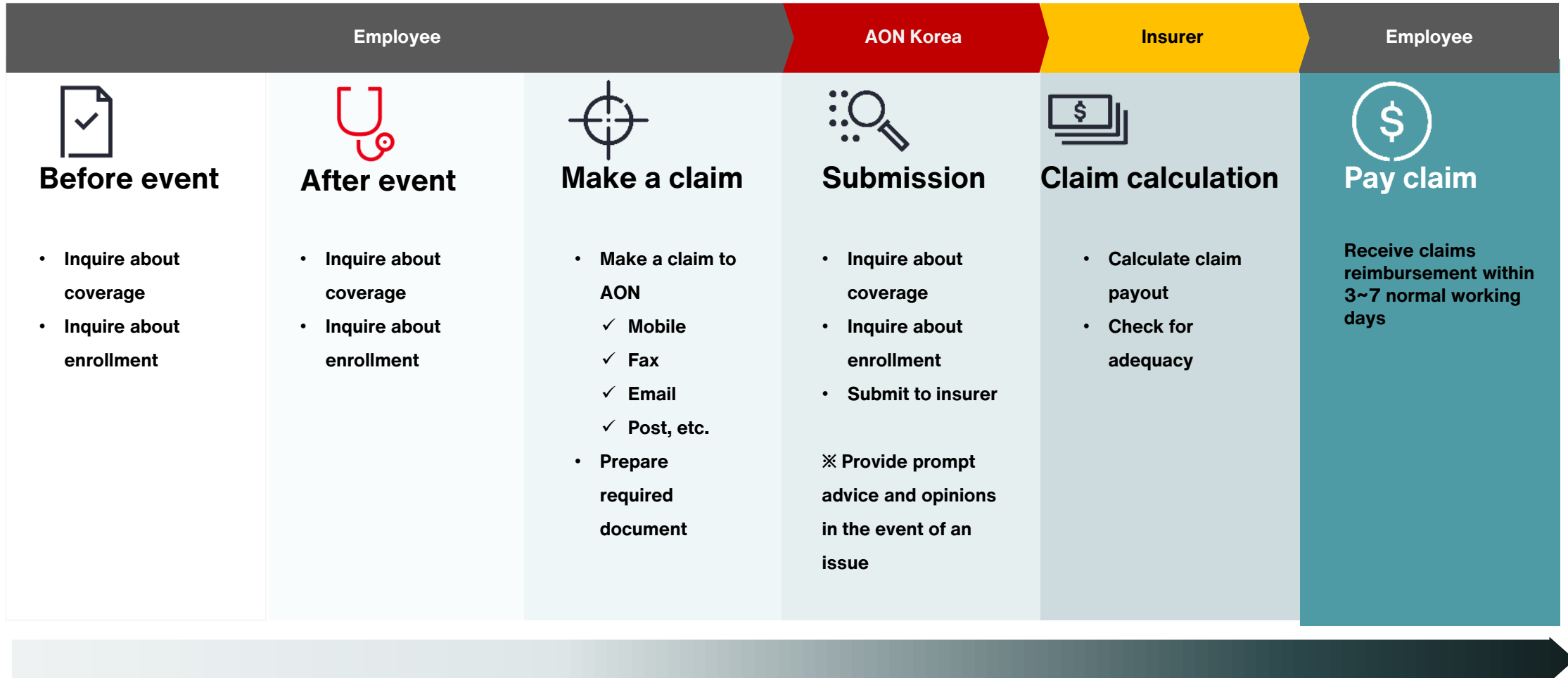
용어	정의
주사료	주사치료시 사용된 행위, 약제 및 치료재료대
항암제	식품의약품안전처가 「의약품 등 분류번호에 관한 규정」에 따라 지정하는 '조직세포의 기능용 의약품' 중 '중양용약'과 '조직세포의 치료 및 진단 목적제제'* ※ 「의약품 등 분류번호에 관한 규정」에 따른 의약품분류표가 변경되는 경우, 치료시점의 의약품분류표에 따릅니다.
항생제 (항진균제 포함)	식품의약품안전처가 「의약품 등 분류번호에 관한 규정」에 따라 지정하는 '항병원생물성 의약품' 중 '항생물질제제', '화학요법제' 및 '기생동물에 대한 의약품 중 항원충제'* ※ 「의약품 등 분류번호에 관한 규정」에 따른 의약품분류표가 변경되는 경우, 치료시점의 의약품분류표에 따릅니다.
희귀의약품	식품의약품안전처장이 「희귀의약품 지정에 관한 규정」에 따라 지정하는 의약품* ※ 「희귀의약품 지정에 관한 규정」에 따른 희귀의약품 지정 항목이 변경되는 경우, 치료시점의 희귀의약품 지정 항목에 따릅니다.
자기공명 영상진단	자기공명영상 장치를 이용하여 고주파 등을 통한 신호의 차이를 영상화하여 조직의 구조를 분석하는 검사(MRI/MRA) ※ 자기공명영상진단 결과를 다른 의료기관에서 판독하는 경우 포함 (보건복지부에서 고시하는 「건강보험 행위 급여·비급여 목록 및 급여 상대가치점수」 상의 MRI 범주에 따름)

<도수치료/체외충격파치료/증식치료 증상의 개선, 병변호전 등 확인하는 방법>



- 증상의 개선, 병변호전 등과 관련하여 기능적 회복 및 호전여부는 관절가동(ROM), 통증평가척도, 자세평가 및 근력 검사(MMT)를 포함한 이학적 검사, 초음파 검사 등을 통해 해당 부위의 체절기능부전(Somatic dysfunction) 등을 평가한 결과로 판단합니다.
- 보험수익자와 회사가 위 제1호의 판단결과를 합의하지 못한 때는 보험수익자와 회사가 함께 제3자를 정하고 그 제3자의 의견에 따를 수 있으며 제3자는 의료법 제3조(의료기관)의 종합병원 소속 전문의 중에 정하며, 보험금 지급사유 판정에 드는 의료비용은 회사가 전액 부담합니다.

* Definitions of specific treatments under 3 options are quoted from Insurer's coverage; hence, the above part cannot be translated.

3-1. Claim Process



3-2. Claim advisory contact information

Claim advisory	AON Korea/Heejung Bang	Telephone	TEL: 02-2260-2340
Office hours	Monday through Friday from 9 a.m. to 6 p.m. (Lunch period from 11: 45 to 12:45)		
How to submit claims			
FAX	02-2275-6086		
E-mail	Kr.hnb.claim@aon.com		
Address	29 th Floor, Center 1 East Tower, 26Eulji-ro 5gil, Seoul(04539) AON Korea(Health Solutions)		
Mobile claim service (Only applicable to medical expense claims)	<p>Search "AON Smart" in App Store or Play Store and Install the application.</p> <p>Fill out the claim form within the application and attach required documents by taking photos</p> <p>(Company Code: SNP1231)</p>		<p>• Aon smart QR code</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>iOS</p> </div> <div style="text-align: center;">  <p>Android</p> </div> </div>

3-3. Required documents

Category	Required Document
Common	<ul style="list-style-type: none"> • Claim Form • Consent Form for Use and Disclosure of Personal Information (Insured/Beneficiary) • Employee certification document • Submit all required document in original copy if the claim amount exceeds KRW 5M.
Others	<ul style="list-style-type: none"> • Invalid receipt : Payment slip or payment certificate • If applicable to the co-payment ceiling system, request for certificate of NHI premium payment /Confirmation of loss of qualifications, etc. • Family Relationship Certificate : Additional requests depending on the case • Copy of bank account and Copy of ID card (Front)
Death	<ul style="list-style-type: none"> • Accidental: Confirmation of Incident Certificate (Can be printed out from police office) • Death Certificate • Certificate of inheritance (EX: General Certificate, Family Relation Certificate, Marriage Certificate, Family census register etc.) • In case of multiple heirs : Letter of attorney and certificate of one's seal for each heir • Copy of bank account and Copy of ID card (Front)
Disability	<ul style="list-style-type: none"> • Disability Diagnosis certificate (disability degree must be indicated) <ol style="list-style-type: none"> 1) Measure motor disability angle by A.M.A. method 2) Cervical dis disorder requires finding of radiculopathy 3) Disability examination CD is required for motor, Malformation amputation disability 4) If only amputation disability is claimed, disability diagnosis certificate can be substituted by video CD/operation chart 5) Auditory, olfactory, optic disability requires more than three examination results. • Accident cased requires certificate of traffic accident, initial medical chart, certificate of accident
Cerebral hemorrhage	<ul style="list-style-type: none"> • Diagnosis certificate (Final) • Test Result : Submit 1 among CT/MRI(MRA), Neuroangiography, PET,SPECT, Cerebrospinal fluid examination
Acute myocardial infarction	<ul style="list-style-type: none"> • Initial chart of medical examination • Diagnosis certificate (Final, includes disease classification codes) • Test Result : Must submit all 4 (CAG, ECG, Cardiac, enzyme and blood test Additional) Enforcement or heart sonogram and stent placement-submit test results and medical records
Cancer Diagnosis	<ul style="list-style-type: none"> • Initial chart of medical examination 1) Diagnosis certificate (Final, includes disease classification codes) 2) Biopsy Report/Copy of medical record/Frist medical record/Additional documents 3) If Biopsy is not feasible: result of CT, MRI, PET, or blood test result

Category	Required Document
Hospitalization	<ul style="list-style-type: none"> • Written diagnosis (Document including diagnosis name and proof of hospitalization period) • Hospitalization medical bill for consultation fee • Detailed statement of hospitalization medical bill
Outpatient	<ul style="list-style-type: none"> • Outpatient medical bill for consultation fee(by date) • Detailed statements of outpatient medical bill (Mandatory to submit for “non-statutory” medical expense) <ul style="list-style-type: none"> ※ Mandatory to submit disease name document from treatments received in obstetrics, anal surgery, urology, dermatology, or if it is necessary to confirm the details of the treatment • Receipt for prescription(by date) (Mandatory to submit for “non-statutory” medical expense) <ul style="list-style-type: none"> ※ If both Dr.'s visit and prescription expenses are incurred in a day, please submit all receipts from the hospital and pharmacy.

NOTE

※ In case of Death, Disability, or Diagnosis claims, please contact AON Korea directly for additional required documents.

※ Following documents are based on FSS standard guideline. There can be limitation in claim payments if these required documents are not submitted. Moreover, additional documents can be requested if there are some issues

4. Important notice on claim submission

<p>Expiry of claim</p> <ul style="list-style-type: none"> Article 662 of the Commercial Act (Extinctive prescription) Please submit claims as soon as possible as claims cannot be submitted after 3 years. 	<p>Filling out claim form</p> <ul style="list-style-type: none"> Please fill out the claim form according to the principle of good faith. If it is not accurate, there may be disadvantages so please write down the exact name of the disease and the accident. 	<p>Consent in utilization of personal information</p> <ul style="list-style-type: none"> As 「Personal Information Protection Law」 is in effect as of 30 September 2011, Personal Information Consent Form should be completed together with claim form. If an insured does not check and sign on the consent form, the submitted claims cannot be processed.
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<p>Out-of-pocket Expense Cap</p>	<p><u>1. Cap on out-of-pocket expense under the National Health Insurance</u> A system in which the NHI pays the excess amount if the total amount of expenses incurred by the person exceeds a certain cap (Amount prescribed by relevant statutes by relevant statutes, such as the NHI, according to the level of premium burden for each household of the NHI regional insureds or the level of premium burden for each individual employee insured.)</p> <p><u>2. Compensation system for out-of-pocket expenses under the Statutory Medical Benefits Act</u> A system in which 50% of the excess amount shall be borne by statutory medical benefit, etc. if the beneficiary's out-of-pocket expense exceeds the following amount for every 30 days. (1) Type 1 beneficiary: KRW 20K (2) Type 2 beneficiary: KRW 200K</p> <p><u>3. Cap on out-of-pocket expense under the Statutory Medical Benefits Act</u> A system in which the full amount of excess is borne by medical benefit, etc. if the amount of the statutory out-of-pocket expense, deducting the amount paid in accordance with the compensation system, exceeds the following amount.</p>
<p>Non-statutory Medical Treatment System</p>	<p><u>1. Non-statutory medical expense disclosure system</u> A system in which the Health Insurance Review and Assessment Institute investigates the cost of non-statutory medical treatment every year and compares and discloses information on non-statutory medical treatment costs, such as the minimum amount, for the public to easily understand and refer to when choosing medical institutions.</p> <p><u>2. Preceding explanation system</u> A system that obligates medical institutions to explain non-statutory items and prices prior to non-statutory treatment so that patients can recognize and select items and prices necessary for care in advance.</p> <p><u>3. Non-statutory medical expenses verification system</u> A system that verifies whether non-statutory medical expense (including full personal charges) paid by the Health Insurance Review and Evaluation Institute after receiving medical treatment from medical institutions, etc. are covered by NHI (statutory medical benefits).</p>

5. Reimbursement for dual contracts of inpatients & outpatient

If a member has dual or multiple contracts on inpatient and outpatient, he or she shall be reimbursed in a proportional way from the insurers. Hence, the actual reimbursable amount never exceeds the actual medical cost incurred as illustrated in the following cases.

Preventing duplications of medical benefits, the government set the guidelines, and this has been applied to all insurers in South Korea since October 1st 2003, This is written under Medical Coverage Clause.

※ The Medical Coverage Clause is set up by government; hence the below part cannot be translated.

제9관 다수보험의 처리 등

제31조(다수보험의 처리)

① 다수보험의 경우 각 계약의 보상대상의료비 및 보상책임에 따라 제2항에서 정한 방법으로 계산된 각 계약의 비례분담액을 지급합니다.

② 각 계약의 보상책임액 합계액이 각 계약의 보상대상의료비 중 최고액에서 각 계약의 피보험자부담 공제금액 중 최소액을 차감한 금액을 초과한 다수보험은 아래의 산출방식에 따라 각 계약의 비례분담액을 계산합니다. 이 경우 입원, 외래, 처방조제를 각각 구분하여 계산합니다.

각 계약별 비례분담액 =
$$\frac{\text{각 계약의 보상대상의료비 중 최고액} - \text{각 계약의 피보험자부담 공제금액 중 최소액}}{\text{각 계약별 보상책임액을 합한 금액}} \times \text{각 계약별 보상책임액}$$

Comparison by Coverage

Proportionate Payment (Not allowed)

- Accident medical treatment
- Disease medical treatment
- 3 non-statutory treatment

Flat Lump sum payment(Allowed)

- Death
- Disability
- Diagnosis

▪ **Proportionate reimbursement example (Hospitalization)**

[Unit : KRW]

Insurer	Insured Amount	Incurred expense	Proportion	Calculation	Actual Reimbursable Amount
A	10M (Item covered under NHI 90%+ Item Not covered under NHI 80%)	Covered under NHI 500K Not covered under NHI 4.5M	500K X 90% = 450K 4.5M X 80% = 3.6M	(5M-950K) X (4.05M ÷ 7.6M)	2,158,224
B	10M (Item covered under NHI 80%+ Item Not covered under NHI 70%)		500K X 80% = 400K 4.5M X 70% = 3.15M	(5M-950K) X (3.55M ÷ 7.6M)	1,891,776
Total		5M	7.60M		4.05M

Deductible amount of Insurer A, KRW 950,000 VS . Deductible amount of Insurer B, KRW 1,450,000 = Less deductible amount in Insurer A

Examples above are based on: April 2017 for insurer A & December 2024 for insurer B



6. Claim Document Delivery Service for Dual Medical Expense Coverage

What is Claim Document Delivery Service for Medical Expense Coverage?

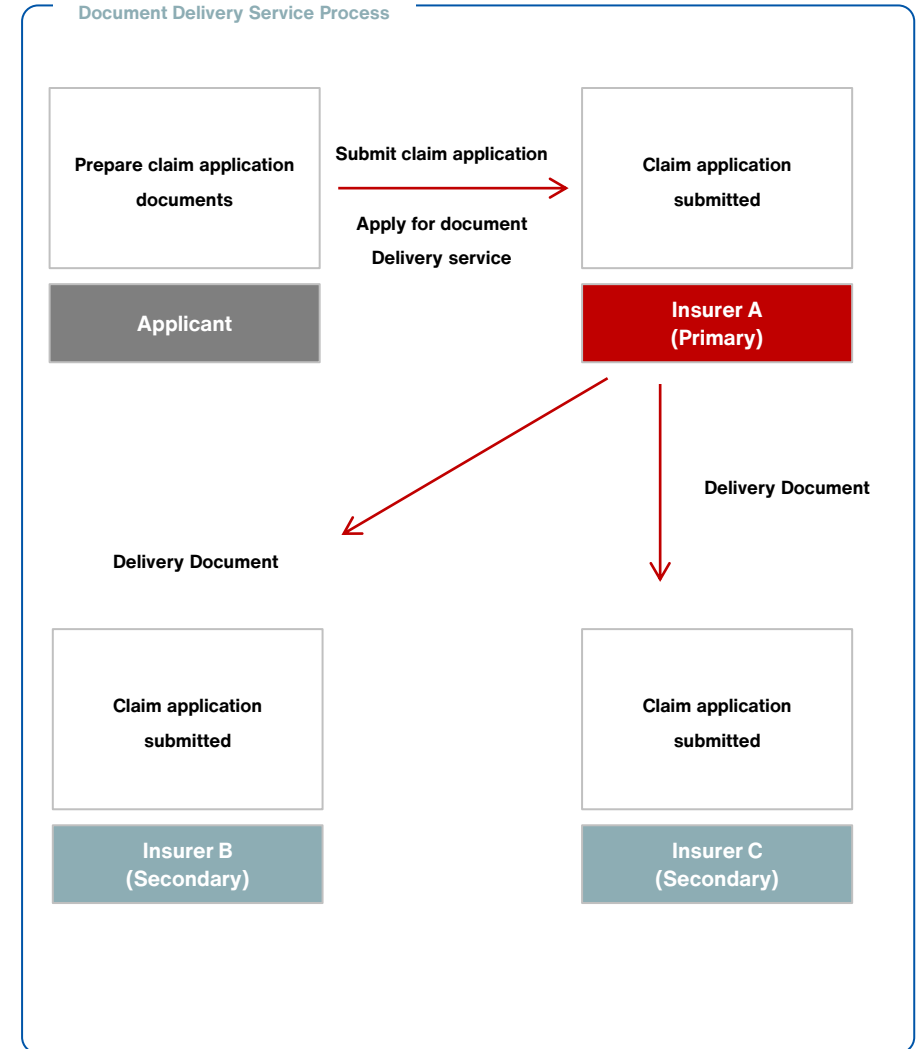
If a member has dual Medical Expense coverage, he/she has to submit claim to each insurers and it can cause a burden. Claim Document Delivery Service provided by insurers is a service for members who have dual coverage to deliver claim documents to other insurers

How can members use Claim Document Delivery Service?

<Medical Expense Claim Document Delivery Service Request Form> which is included in claim application form shall be submitted. Then, the primary insurer will deliver documents to other insurers.

※ Important Notes

- 1) This service is only limited to Medical Expense Coverage (Not applied to other coverage)
- 2) This service is only limited to the insurance companies that registered under Korea Life Insurance Association or General Insurance Association of Korea. (Ex. National Credit Union Federation of Korea, Post Office Bank excluded)
- 3) Each insurer may require different documents for a claim and ask members to submit additional documents.
- 4) Members should contact insurers to review claim details (status of claims, payment details etc) for claims submitted by Delivery Service.
- 5) Secondary insurers will initiate claim process when they receive the documents through the service.
- 6) Members should sign the request form for Service to use the service.
- 7) This service is provided by insurers and AON Korea is not able to provide claims service for other plans besides Group Insurance.

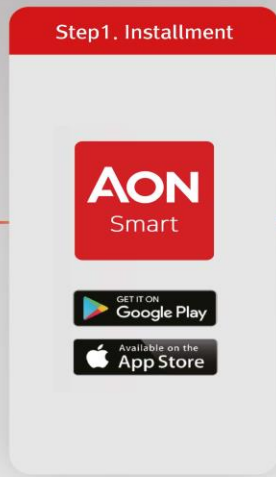


7. Exclusions (1) (Accident/Disease/Maternity Statutory & Non-statutory, 3 Non-Statutory Treatments)

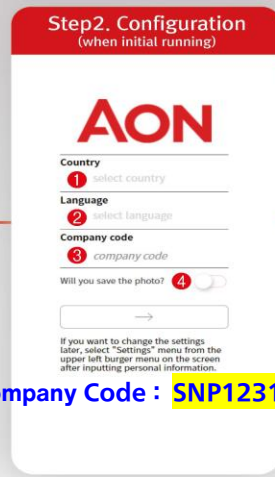
- ① Intentional or purposeful acts by the policy owner or insured person.
- ② Intentional or purposeful acts by the beneficiary (however, if this beneficiary is a partial beneficiary then such benefits shall be payable to other beneficiaries)
- ③ Medical expenses incurred due to not following doctor's instructions without a good reason during treatment period and leading to aggravation of symptoms or receiving hospitalized treatments (admission) arbitrarily instead of outpatient treatments recommended by doctor.
- ④ Medical expenses due to the following diseases according to the Korean Standard Classification of Diseases):
 1. Disease mental disorder, etc.(F04~F99) (yet medical expenses due to F04~F09, F20~F29, F30~F39, F40~F48, F51, F90~F98 which are covered under NHI are covered)
 2. Habitual aborter and Complications associated with artificial fertilization (N96~N98)
 3. Congenital cerebropathia(Q00~Q04), Obese(E66), Urinary incontinence (N39.3, N39.4, R32)
 4. Fissure and fistula of anal and rectal regions, Acute and Chronic anal fissure (K60~K62, K64)
- ⑤ Excludes medical expenses from following statutory items.
 1. Pre- or post-refundable medical expenses in case of patients sharing statutory benefits under National Health Insurance Act and Medical Care Assistance Act
 2. Out-of-pocket expense from growth hormone treatment
 3. Medical expenses reimbursed by Vehicle Insurance (including deductibles) or Occupational Insurance. However, actual out-of-pocket expense may be reimbursed
 4. Emergency medical care expenses incurred in emergency room of general hospitals under medical law (article 3 clause 4) by non-emergency patients in accordance with emergency medical service act
- ⑥ Excludes medical expenses from following non-statutory items.
 1. Medical expenses for Dental(K00~K08) or Oriental Treatments that are not covered under NHI
 2. Medical expenses related to nutritional supplements, vitamins, etc. However, following categories will be covered as the usage is considered as a treatment for accident or disease
 - 1). Exact administration (efficacy, direction, dosage, etc.) as registered by Pharmacy Act.
 - 2). Statutory drug used as non-statutory drug abide by related regulation.
 - 3). Statutory drugs used as non-statutory drug through approval process in compliance with related regulations
 - 4). More than two of the above drugs are administered together (not applicable if one of the two does not go under above categories)
 3. Expenses incurred related to Hormone Injection, Nutritional supplements, Sanitary Aid.
 4. The purchase, replacement and repair cost of false tooth, glass eye, glasses, contacts, hearing aid, crutches, arm sling and other aids. However, coverage is provided for devices that are implanted on the body to replace its function.
 5. Miscellaneous costs not related to treatments (nursing, TV bill, phone bill and other miscellaneous bills etc.), high cost of medication without reason and examination costs not resulting from doctors' clinical decision
 6. Medical expenses occurred at overseas institutes that are not recognized as medical institutes under National Health Insurance Act No. 42.
 7. Emergency medical care expenses incurred in emergency room of general hospitals under medical law (article 3 clause 4) by non-emergency patients in accordance with emergency medical service act

7. Exclusions (2) (Accident/Disease/Maternity Statutory & Non-statutory, 3 Non-Statutory Treatments)

- ⑦ Medical expenses incurred by any of the following treatments due to pregnancy, delivery, and postpartum diseases (Korea Standard Classification code, O00~O99)
1. Expenses incurred in the postpartum care centers prescribed in Article 2 (Definition) of the Maternal and Child Health Act.
 2. Chorionic villus sampling, amniocentesis, cordocentesis, malformation screening (including triple or quadruple testing, chromosome testing, and other non-invasive and invasive malformation screening)
 3. Nutritional supplements such as iron and nutrient solutions
- ⑧ Following non-statutory treatments are excluded in compliance to National Health Insurance Act.
1. Non-statutory treatment provided for non-disruptive symptoms for normal activities or duties.
 - 1) Simple tiredness or lethargy
 - 2) Freckle, hirsutism, atrichia, canities, blotched nose, birthmark, wart, pimple, hair loss due to aging
 - 3) Impotence, insensitivity
 - 4) Simple snoring (sleep apnea (G47.3) is covered)
 - 5) Simple phimosis which does not require additional treatments
 - 6) Ophthalmologic disease, such as pinguecula
 - 7) Any other non-statutory treatment provided for non-disruptive symptoms for normal activities or duties
 2. Non-statutory treatment provided not for the purpose of improving physiological function.
 - 1) Double eyelid surgery, plastic surgery (nose job), breast expansion and reduction (yet breast reconstruction for breast-cancer patients is covered), suction assisted lipectomy, facial lines removal and other cosmetic surgery for cosmetic purposes and the treatments of side effects from such surgery
 - 2) Squinted eye correction, hypertelorbitism and other eye related surgery performed not for eyesight correction but for cosmetic purposes
 - 3) Orthodontic treatments
 - 4) Mandible(facial) correction for cosmetic purposes (not for improving mastication and pronunciation function)
 - 5) Removal of cicatrix for cosmetic purpose, such as cicatricial tissue restoration.
 - 6) Eyesight correction surgery to replace glasses and contacts (surgery which is not covered under NHI)
 - 7) Treatments simply for height growth purpose (not for disease treatment)
 - 8) Leg varicose vein surgery for cosmetic purposes
 - 9) Any other treatments or operations performed for cosmetic purposes which are not covered under NHI
3. Non-statutory treatment provided as a preventive care which does not directly treats disease/accident
- 1) Self-directed medical examination (but, additional expenses due to abnormal findings from the medical screening is covered)
 - 2) Vaccinations (injections for medical treatment are covered, such as Tetanus, Serum Injection)
 - 3) Any other NHI non-statutory preventive care
4. Non-statutory treatments that are not recognized as statutory or not complying to NHI statutory principles.
- 1) Paternity test
 - 2) Sterility examination, Infertility surgery and restoration
 - 3) Assisted reproductive treatment (in-vivo and in-vitro artificial insemination)
 - 4) Expenses for Induced abortion (but, coverage is provided for inevitable abortion due to accident/disease causing difficulties for retaining pregnancy)
 - 5) Any other non-statutory treatments that have uncertain economic feasibility or cost effectiveness.
- ⑨ Medical expenses due to HIV (but, if an insured is infected with HIV during medical treatments, the expenses can be covered)
- ⑩ If the insured is reduced or exempted from medical expenses in accordance with laws, etc., it is calculated based on the actual medical expenses paid by the insured after the reduction or exemption. However, if the reduced or exempted medical expenses are included in earned income or expenses reduced in accordance with the National Honorable Treatment and Support Act and the Independent Honorable Treatment Act, the medical expenses shall be calculated as medical expenses before reduction
- ⑪ The in/outpatient expenses for the extraction and transplantation of organs, etc. due to disease shall be covered according to terms and conditions (Including examination expenses to check whether the donation is appropriate, the cost of organ donation for organ donors, and expenses related to the donation)
- ※ The above content is the summary of exclusion on Inpatient and Outpatient and details will be followed by insurance clauses.



Search "Aon smart" in Play Store or App store and download.

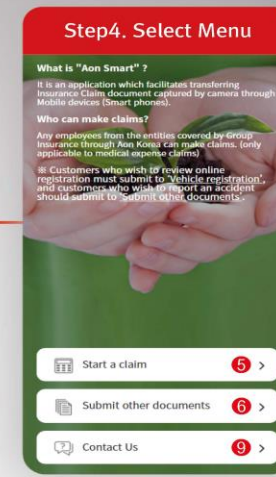


Company Code : **SNP1231**

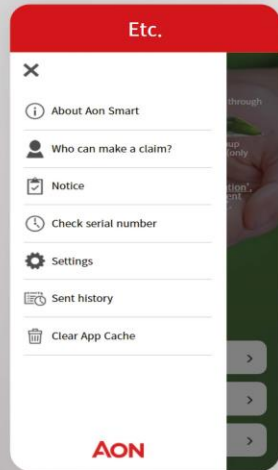
- 1 Select your Country. (Korea , Republic of)
- 2 Select your language. (either Korean/English)
- 3 Enter your Company code.
- 4 Select if you want to save images in the app.



- 1 Enter the insured's company name.
- 2 Enter the employee's name.
- 3 Enter the mobile phone number.
- 4 You must click "Agree" checkbox to proceed.
- 5 Entered mobile number must be authenticated for the next step.
- 6 Please press "-" once the authentication number sent through mobile is entered.
- 7 If the authentication number is not received within 3 minutes, please check the entered mobile number and press the "Resend" button.



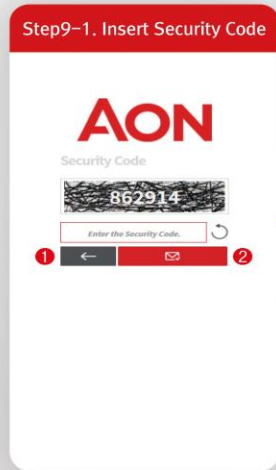
- 5 Claim submission
Select when submit the claim. (Please refer to Step5 for more details)
- 6 Submission of other documents
Select when requested to Submit other documents.
- 9 Contact Us
Select when ask queries.



Press Hamburger button for further details of Aon Smart Application.

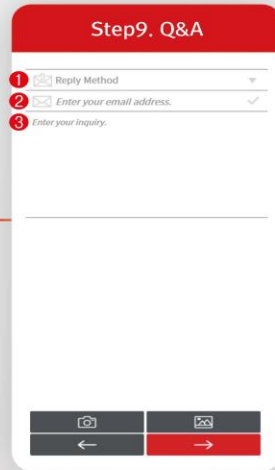
Return to the main screen to configure Country/Language (Input the company code again)

Search for the claim archive (within recent 3 months)

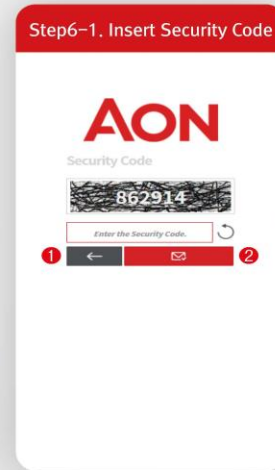


Insert displayed number on the screen and press "send".

- 1 Returns to the previous screen.
- 2 Start the transmission.



- 1 Select either SMS or E-mail.
- 2 Insert either mobile phone number or E-mail address based on your choice.
- 3 Insert contents for questionnaires. (in 3000 characters or less)



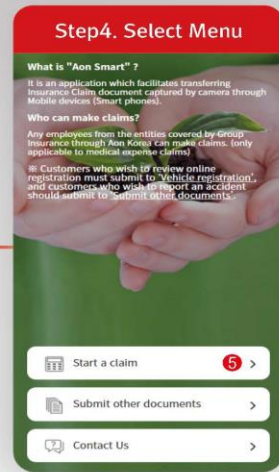
Insert displayed number on the screen and press "send".

- 1 Returns to the previous screen.
- 2 Start the transmission.

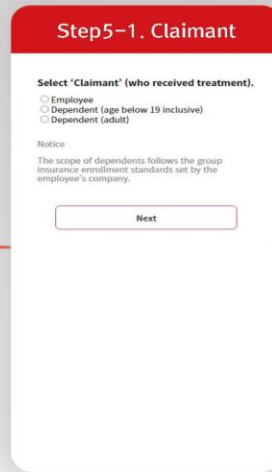


Submit required documents.

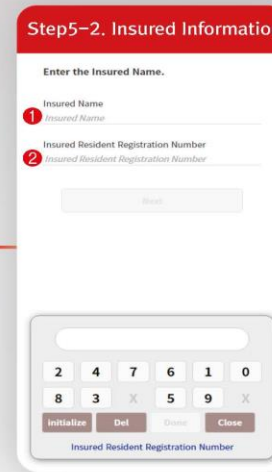
- 1 Taking photo
Add documents by shooting them directly with the camera.
- 2 Photo gallery Select photo from the photo gallery.
- 3 Returns to the previous screen.
- 4 Go to the next step.



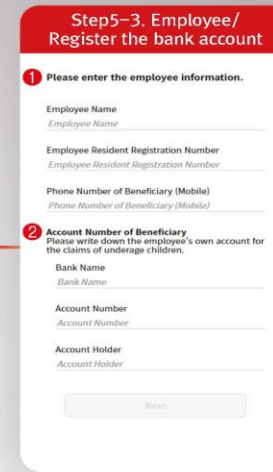
5 Claim submission
Select 'Start a Claim' for claiming group insurance reimbursement. (Step 5)



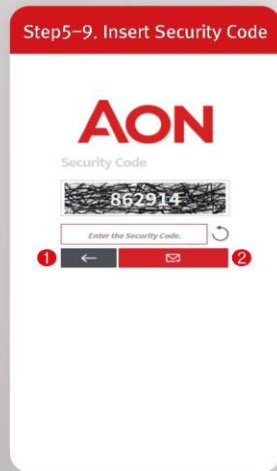
Select 'Claimant' Click 'Next' to proceed.



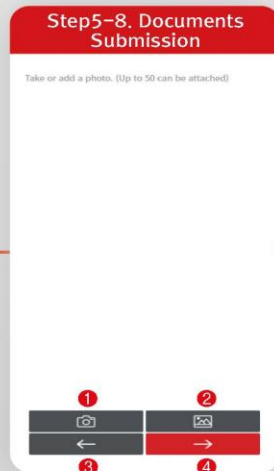
1 Enter the insured name.
2 Enter the insured national ID number.
This screen is skipped if the Claimant is the employee oneself.



1 Enter employee name, national ID and phone number.
2 Enter the bank account to receive the reimbursement.



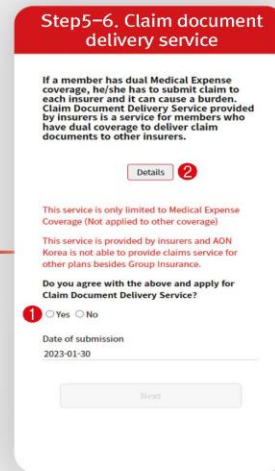
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2 Start the transmission.



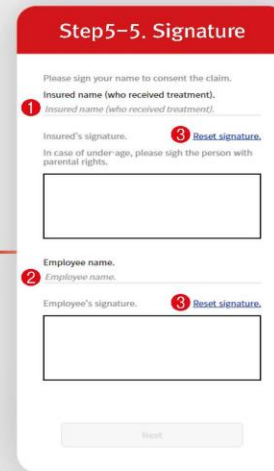
Submit required documents.
1 Photo: Add documents by shooting them directly with the camera.
2 Select Photo Library: Add documents from the photo library.
3 Returns to the previous screen.
4 Go to the next step.



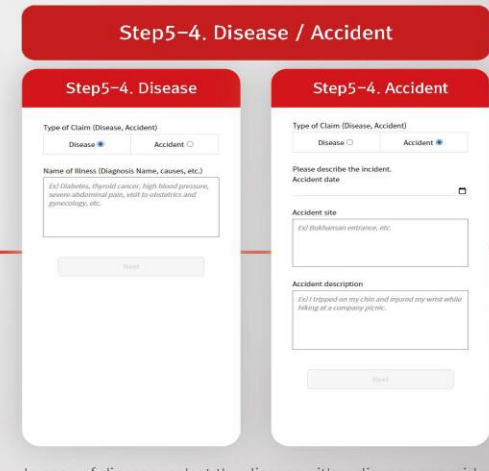
Please check the notice for document registration.
1 Once you have read the contents, check the agreement box and click 'Next' to proceed.



1 Select "Yes" to use Claim Document Delivery Service.
2 Confirm the details of Claim Document Delivery Service.
Select "No" if Claim Document Delivery Service is not needed.

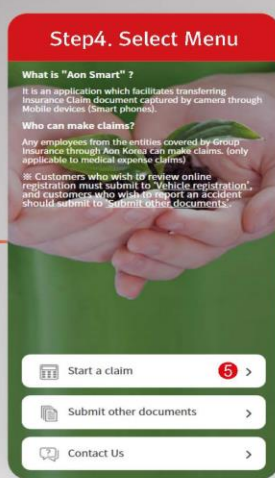


1 Enter the signature of the insured. If the claimant is an employee, this item is not visible.
2 Enter the employee's signature.
3 If you make a mistake in your signature, you can sign again by touching Reset signature.

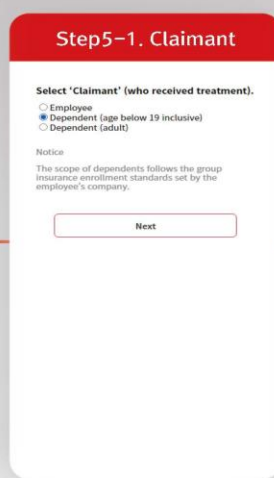


In case of disease, select the disease either disease or accident option and enter the name of disease. (diagnosis name, causes, etc.)

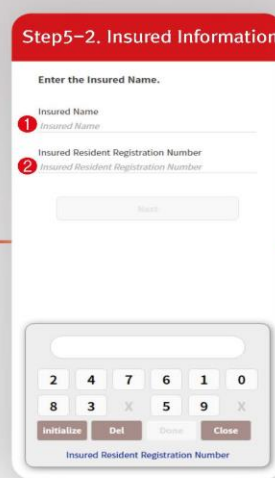
In case of accident, select the accident either Illness or accident option and describe the date, location and time of the accident occurred.



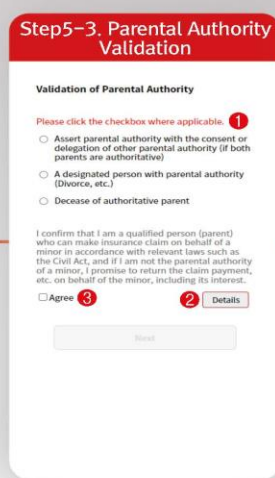
5 Claim submission
Select 'Start a Claim' for claiming group insurance reimbursement. (Step 5)



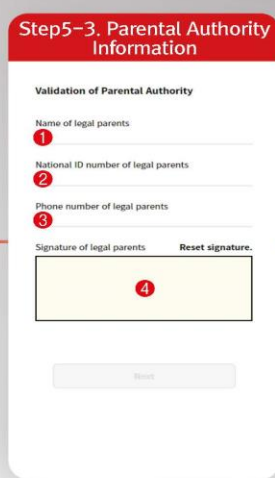
Select 'Claimant' Click 'Next' to proceed.



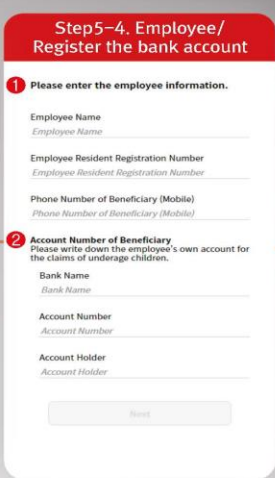
1 Enter the insured name.
2 Enter the insured national ID number.
This screen is skipped if the Claimant is the employee oneself.



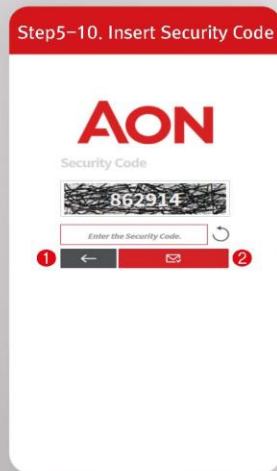
1 Select applicable parental authority.
2 Check details of parental authority validation.
3 Agree to parental authority validation.



1 Enter the name of legal parents (father or mother)
2 Enter the national ID number of legal parents (father or mother)
3 Enter the phone number of legal parents (father or mother)
4 Sign in the signature of legal parents (father or mother) in the box.



1 Enter employee name, national ID and phone number.
2 Enter the bank account to receive the reimbursement.



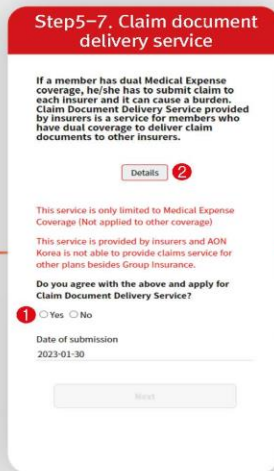
Insert displayed number on the screen and press "send".
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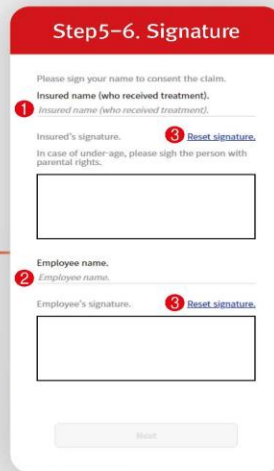
Submit required documents.
1 Photo: Add documents by shooting them directly with the camera.
2 Select Photo Library: Add documents from the photo library.
3 Returns to the previous screen.
4 Go to the next step.



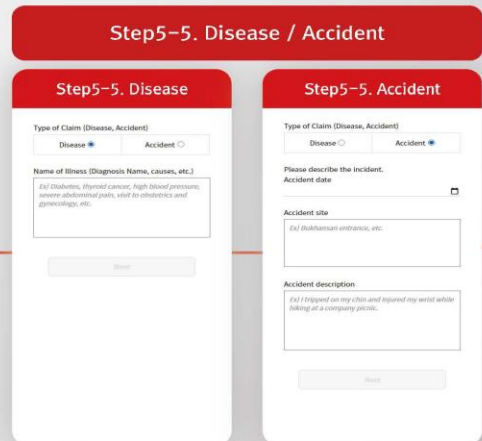
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2 Confirm the details of Claim Document Delivery Service.
Select "No" if Claim Document Delivery Service is not needed.



1 Enter the signature of the insured. If the claimant is an employee, this item is not visible.
2 Enter the employee's signature.
3 If you make a mistake in your signature, you can sign again by touching Reset signature.



In case of disease, select the disease either disease or accident option and enter the name of disease. (diagnosis name, causes, etc.)
In case of accident, select the accident either Illness or accident option and describe the date, location and time of the accident occurred.



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