IHS Global Taiwan Co. Ltd.

Employee Group Insurance Handbook

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Foreword

Dear employees:

We would like to first express our sincere gratitude for your contribution that has enabled the organization to grow alongside you. In appreciation of your support, we have structured an omnibus group insurance plan that aims to provide you and your family members with financial security in the unfortunate event of hospitalized treatment, disability, or death, whether due to injury or illness.

This group insurance plan encompasses AIA's Group Term Life Plan, Group Accidental Injury Plan, Group Critical Illness Plan, Group Cancer Plan, Group Hospital & Surgical Plan, Group Accidental Medical Reimbursement Rider and Group Bone Fracture.

This handbook has been prepared to give you a better understanding of the "employee group insurance" so that you can make the best out of your coverage. **Please make sure to return this handbook to the Human Resources Department when you are no longer working with us.** Should you have any question regarding explanation or interpretation of this handbook, please refer to the terms of the insurance contract signed between the Company and AIA International Limited for the final interpretation.

IHS Global Taiwan Co. Ltd.

Prepared 2025.2.1

Information serves as indication only; refer to the official policy documents for details.

Content of employee group insurance

Insurance product			Coverage		
			Employee	Spouse	Child
Group Term Life Plan			28x the monthly salary Up to NT$ 10 million sum assured		
Group Accident Death & Dismemberment Plan			36x the monthly salary Up to NT$ 10 million sum assured		
Group Critical Illness Plan			NT$ 500,000		
Group Cancer Plan	Cancer inpatient treatment benefit/day		NT$ 2,000	NT$ 2,000	NT$ 2,000
	Cancer surgery benefit/occurrence		NT$ 50,000	NT$ 50,000	NT$ 50,000
	Cancer post-hospitalization recovery benefit/day		NT$ 2,000	NT$ 2,000	NT$ 2,000
	Cancer outpatient treatment benefit/day		NT$ 2,000	NT$ 2,000	NT$ 2,000
Group Hospital & Surgical Plan	Reimbursement type	Daily hospitalization benefits/day	NT$ 2,500	NT$ 2,500	NT$ 2,500
		Sundry hospital expense benefit/occurrence	NT$ 87,500	NT$ 87,500	NT$ 87,500
		Surgical benefit/occurrence	NT$ 100,000	NT$ 100,000	NT$ 100,000
		Medical consultation benefit/day	NT$ 1,250	NT$ 1,250	NT$ 1,250
	Fixed sum	Daily hospitalization benefits	NT$ 2,500	NT$ 2,500	NT$ 2,500
Group Accidental Medical Reimbursement Rider			NT$ 20,000	NT$ 20,000	NT$20,000
Group Bone Fracture			NT$ 1,250	NT$ 1,250	NT$ 1,250

Policy effective date

From 00:00 2025/2/1 to 00:00 2026/2/1

Eligibility

Employee: Permanent employees of the Company aged 15 to 70 are eligible to apply; the policy covers up to 70 years of age.

Spouse: Persons aged 15 to 70 are eligible to apply; the policy covers up to 70 years of age.

Child: The policy covers up to 23 years of age.

Subscription process

The Human Resources Department will arrange coverage for all new employees from the employment commencement date.

To extend coverage for spouse or child, please submit the required documents to the Human Resources Department.

Beneficiary order of precedence

1. The full sum of death benefits is paid to the insured party's relatives in the order of precedence outlined below, as per Labor Standards Act.
   (1) Spouse and child (2) Parent (3) Grandparent (4) Grandchild (5) Sibling
2. For disability benefits, the insured party is the beneficiary, and the insurance company does not allow designation or change otherwise

Bearer of charges

The Company bears 100% of premiums on employee's coverage.

The Company bears 100% of premiums on spouse's/child's coverage.

Group Term Life Plan

Scope of coverage:

The Company will pay benefits according to the terms of this contract for disability or death of the insured party within contract validity. However, no death benefits is paid until the insured party reaches the age of 15.

Content of insurance:

Payment of death benefits or funeral benefits: The Company will pay death benefits based on the sum assured for death of the insured party within contract validity.

Payment of disability benefits: The Company will pay disability benefits based on the sum assured for any of the disabilities listed in Appendix 1 that the insured party suffers within contract validity, subject to diagnosis by a qualified hospital.

Exclusions:

The Company is not liable to pay benefits in any of the following circumstances.

1. Where the applicant intentionally causes death of the insured party.
2. Suicide or self-inflicted disability committed by the insured party. However, the Company still pays death benefits or funeral benefits if the insured party dies from suicide after two consecutive full years of subscription.
3. The insured party dies for suffers disability from capital punishment or is killed/disabled while resisting arrest or breaking from prison.

Appendix 1: Total Disability Chart

1. Loss of sight in both eyes. (Note 1)
2. Loss of wrist joints in both upper limbs or loss of ankle joints in both lower limbs.
3. Loss of wrist joint in one upper limb and ankle joint in one lower limb.
4. Loss of sight in one eye and wrist joint in one upper limb, or loss of sight in one eye and ankle joint in one lower limb.
5. Permanent loss of masticatory (Note 2) or language (Note 3) function.
6. Permanent loss of function in four limbs. (Note 4)
7. Extreme impairment to the central nervous system, chest organs, or abdominal organs that renders the insured party unable to work for life, and constantly dependent upon medical or nursing care. (Note 5)

Note:

1. Loss of eyesight:

(1) Eyesight is measured separately for each eye based on the patient's corrected vision using the universal eye chart.

(2) Blindness refers to an acuity level of 0.02 or below (permanent), measured using the universal eye chart.

(3) Eyesight is measured after a 6-month treatment since the day the injury occurred, except in circumstances where the eyeball is removed or if the eyesight is deemed irrecoverable.

2. "Loss of masticatory function" refers to the total impairment of masticatory movement due to structural or functional disorder, which renders the patient unable to ingest anything other than fluids.
3. "Loss of speech" means that the patient is unable to make lip sounds, tongue sounds, palatal sounds, or glottal sounds (three or more).
4. Total loss of function refers to the situation where the function remains lost after six months of treatment.
5. The patient suffers severe impairment to the nervous system, and is fully dependent upon assistance from others to carry out life-sustaining activities.

Group Accidental Injury Plan

Scope of coverage:

The Company will pay benefits if the insured party encounters an accident within contract validity that results in injury, major burn, disability, or death. However, no death benefits is paid until the insured party reaches the age of 15.

The accident mentioned above refers to an incident that is not the result of illness.

Content of insurance:

1. **Payment of death benefits or funeral benefits:** The Company will pay death benefits at the sum assured if the insured party encounters an accident within contract validity that results in death in the next 180 days. Death that results more than 180 days after the accident is not covered unless the beneficiary is able to prove that the death has indeed been caused by the accident.

   For insured party who is less than 15 years old at the time of insurance application, death benefits will take effect from the day the insured party turns 15.
2. **Payment of disability benefits:** If the insured party suffers a covered accident while the contract is in effect, and results in one of the disabilities listed in Appendix 1 within 180 days after the accident occurs, the Company shall pay disability benefits according to the percentages specified in the attached chart. Disability that results more than 180 days after the accident is not covered unless the beneficiary is able to prove that the disability has indeed been caused by the accident.

   In cases where the insured party suffers two or more disabilities listed in the chart from one accident, the Company shall pay disability benefits as a sum of all suffered disabilities, up to the amount of sum insured. However, disabilities in the same arm or leg are treated as one, and the disability benefits will only be paid for the most severe disability.
3. **Payment of major burns benefit:** If an insured party encounters an accident within contract validity and suffers 2nd degree burn covering more than 20% of the body, or 3rd degree burn covering more than 10% of the body, or facial burn coupled with disorder of facial organs, the Company will pay major burns benefit at 25% of the sum assured.

   The maximum amount of major burns benefits paid under this contract and across all insurance plans, riders, and addendum that offer major burns benefits is capped at NT$2,500,000 per insured party and limited to one time only.

Exclusions:

The Company is not liable to pay benefits if the insured party suffers death, disability, major burn, or injury due to any of the following reasons.

1. Intentional acts committed by the policyholder or the insured party.
2. Criminal acts committed by the insured party.
3. Driving (riding) under the influence of alcohol, with alcohol content (measured from a breathing test or blood test) exceeding the limits stipulated in the road code.
4. War (whether declared or not), civil war, or war-like armed riot This excludes situations where the underlying contract stipulates otherwise.

5. Explosions, burns, radiation, or pollution caused by nuclear-powered device. This excludes situations where the underlying contract stipulates otherwise.

Exclusions:

Unless elsewhere agreed in the contract, the Company is not liable to pay benefits if the insured party suffers death, disability, major burn, or injury due to involvement in the following activities.

1. Participation in the competition or performance of wrestling, Judo, Karate, Taekwondo, equestrian, boxing, or stunts.
2. Racing or performance involving car, motorcycle, or bicycle.

Appendix 1: Disability Severity and Benefit Chart

Item		Item No.	Severity of disability	Disability grade	Payment percentage
1 Nerve	Neuropathy (Note 1)	1-1-1	Extreme impairment to the central nervous system, such as situations where the patient is in the vegetative state, dependent upon tracheostomy and ventilator, unable to work for life, fully dependent upon others to carry out life-sustaining activities, or frequently in need of medical attention, nursing, or specialized care.	1	100%
		1-1-2	Extensive impairment to the central nervous system that renders the patient immobile or unable to change position voluntarily on bed for prolonged periods of time, unable to work for life, or partially dependent upon others to carry out life-sustaining activities.	2	90%
		1-1-3	Significant impairment to the central nervous system that renders the patient unable to work for life, but is still capable of performing life-sustaining activities	3	80%
		1-1-4	Impairment to the central nervous system, and there is medical evidence to show localized neuropathy that significantly compromises the patient's work capacity	7	40%
		1-1-5	Impairment to the central nervous system and there is medical evidence to show localized neuropathy, but the condition does not affect work capacity.	11	5%
2 Eye	Sight impairment (Note 2)	2-1-1	Loss of sight in both eyes.	1	100%
		2-1-2	Both eyes having acuity levels below 0.06.	5	60%
		2-1-3	Both eyes having acuity levels below 0.1.	7	40%
		2-1-4	Loss of sight in one eye, while the other having acuity level below 0.06.	4	70%
		2-1-5	Loss of sight in one eye, while the other having acuity level below 0.1.	6	50%
		2-1-6	Loss of sight in one eye.	7	40%
3 Ear	Hearing impairment (Note 3)	3-1-1	Total damage to both ear drums, or hearing losses to both ears totaling 90db and above.	5	60%
		3-1-2	Hearing losses to both ears totaling 70db and above.	7	40%
4 Nose	Damage and functional impairment (Note 4)	4-1-1	Damage to the nose with significant and permanent impairment to the functionality.	9	20%
		4-1-2	No damage to the nose, but there is significant and permanent impairment to the functionality.	11	5%
5 Mouth	Masticatory and language disorder (Note 5)	5-1-1	Permanent loss of masticatory, swallowing, or language function.	1	100%
		5-1-2	Significant and permanent masticatory, swallowing, or language disorder.	5	60%
		5-1-3	Significant and permanent masticatory, swallowing, or articulation disorder.	7	40%
6 Internal organs	Impairment of internal organs (Note 6)	6-1-1	Internal organs suffering extreme damage that renders the insured party unable to work for life, and constantly dependent upon medical or nursing care.	1	100%
		6-1-2	Internal organs suffering high degree of damage that renders the insured party unable to work for life, and is in need of assistance from others for daily living activities.	2	90%
		6-1-3	Internal organs suffering significant damage that renders the insured party unable to work for life, but is able to perform daily living activities.	3	80%
		6-1-4	Internal organs suffering significant damage that renders the insured party only capable of performing less physically demanding works for life.	7	40%
	Organ removal	6-2-1	More than 50% removal of single vital organ.	9	20%
		6-2-2	Spleen removal.	11	5%
	Bladder impairment	6-3-1	Total loss of bladder function without artificial bladder implant.	3	80%
7 Torso	Spinal movement disorder (Note 7)	7-1-1	Significant and permanent movement disorder in the spine.	7	40%
		7-1-2	Permanent movement disorder in the spine.	9	20%
8 Upper limbs	Disability in upper limbs	8-1-1	Loss of both wrist joints.	1	100%
		8-1-2	Loss of shoulder, elbow, or wrist joints (two or more) in one upper limb.	5	60%
		8-1-3	Loss of one wrist joint.	6	50%
	Disability in fingers (Note 8)	8-2-1	Loss of all ten fingers.	3	80%
		8-2-2	Loss of both thumbs.	7	40%
		8-2-3	Loss of all five fingers in one hand.	7	40%
		8-2-4	Loss of 4 fingers, including thumb and index finger in one hand.	7	40%
		8-2-5	Loss of thumb and index finger in one hand.	8	30%
		8-2-6	Loss of 3 or more fingers, including thumb or index finger in one hand.	8	30%
		8-2-7	Loss of 2 fingers, including thumb in one hand.	9	20%
		8-2-8	Loss of thumb or index finger in one hand.	11	5%
		8-2-9	Loss of 2 fingers other than thumb and index finger in one hand.	11	5%
	Movement disorder in upper limbs (Note 9)	8-3-1	Permanent impairment in both shoulders, elbows, and wrist joints.	2	90%
		8-3-2	Permanent impairment in shoulder, elbow, or wrist joints (any two) in both upper limbs.	3	80%
		8-3-3	Permanent impairment in shoulder, elbow, or wrist joints (any one) in both upper limbs.	6	50%
		8-3-4	Permanent impairment in shoulder, elbow, and wrist joints in one upper limb.	6	50%
		8-3-5	Permanent impairment in shoulder, elbow, or wrist joints (any two) in one upper limb.	7	40%
		8-3-6	Permanent impairment in shoulder, elbow, or wrist joints (any one) in one upper limb.	8	30%
		8-3-7	Permanent and significant movement disorder in both shoulders, elbows, and wrist joints.	4	70%
		8-3-8	Permanent and significant movement disorder in shoulder, elbow, or wrist joints (any two) in both upper limbs.	5	60%
		8-3-9	Permanent and significant movement disorder in shoulder, elbow, or wrist joints (any one) in both upper limbs.	7	40%
		8-3-10	Permanent and significant movement disorder in shoulder, elbow, and wrist joints in one	7	40%

Item		Item No.	Severity of disability	Disability grade	Payment percentage
			upper limb.		
		8-3-11	Permanent and significant movement disorder in shoulder, elbow, or wrist joints (any two) in one upper limb.	8	30%
		8-3-12	Permanent movement disorder in both shoulders, elbows, and wrist joints.	6	50%
		8-3-13	Permanent movement disorder in shoulder, elbow, and wrist joints in one upper limb.	9	20%
	Movement disorder in fingers (Note 10)	8-4-1	Permanent impairment in all ten fingers.	5	60%
		8-4-2	Permanent impairment in both thumbs.	8	30%
		8-4-3	Permanent impairment in all five fingers in one hand.	8	30%
		8-4-4	Permanent impairment in 4 fingers, including thumb and index finger in one hand.	8	30%
		8-4-5	Permanent impairment in thumb and index finger in one hand.	11	5%
		8-4-6	Permanent impairment in 3 fingers, including thumb and index finger, in one hand.	9	20%
		8-4-7	Permanent impairment in 3 or more fingers, including thumb or index finger, in one hand.	10	10%
9 Lower limbs	Disability in lower limbs	9-1-1	Loss of ankle joints in both lower limbs.	1	100%
		9-1-2	Loss of hip, knee, or ankle joints (two or more) in one lower limb.	5	60%
		9-1-3	Loss of ankle joint in one lower limb.	6	50%
	Limb length discrepancy (Note 11)	9-2-1	Permanent shortening of one lower limb by 5cm or more.	7	40%
	Disability in toes (Note 12)	9-3-1	Loss of all ten toes.	5	60%
		9-3-2	Loss of all five toes in one foot.	7	40%
	Movement disorder in lower limbs (Note 13)	9-4-1	Permanent impairment in both hips, knees, and ankle joints.	2	90%
		9-4-2	Permanent impairment in hip, knee, or ankle joints (any two) in both lower limbs.	3	80%
		9-4-3	Permanent impairment in hip, knee, or ankle joints (any one) in both lower limbs.	6	50%
		9-4-4	Permanent impairment in hip, knee, and ankle joints in one lower limb.	6	50%
		9-4-5	Permanent impairment in hip, knee, or ankle joints (any two) in one lower limb.	7	40%
		9-4-6	Permanent impairment in hip, knee, or ankle joints (any one) in one lower limb.	8	30%
		9-4-7	Permanent and significant movement disorder in both hip, knee, and ankle joints.	4	70%
		9-4-8	Permanent and significant movement disorder in hip, knee, or ankle joints (any two) in both lower limbs.	5	60%
		9-4-9	Permanent and significant movement disorder in hip, knee, or ankle joints (any one) in both lower limbs.	7	40%
		9-4-10	Permanent and significant movement disorder in hip, knee, and ankle joints in one lower limb.	7	40%
		9-4-11	Permanent and significant movement disorder in hip, knee, or ankle joints (any two) in one lower limb.	8	30%
		9-4-12	Permanent movement disorder in both hips, knees, and ankle joints.	6	50%
		9-4-13	Permanent movement disorder in hip, knee, and ankle joints in one lower limb.	9	20%
	Movement disorder in toes (Note 14)	9-5-1	Permanent movement disorder in all ten toes.	7	40%
		9-5-2	Permanent movement disorder in all five toes in one foot.	9	20%

Note 1:

1-1. When determining "level of neurological disability," proof of diagnosis from a psychiatrist, neurologist, neurosurgeon, or physiotherapist and relevant test report (such as Mini-Mental State Exam (MMSE), modified Rankin Scale (mRS), Clinical Dementia Rating (CDR), electrophysiology report, nervous system imaging, and diagnosis report of appropriate purpose) will have to be furnished. The insurer may appoint alternative specialists to verify the medical condition if necessary.

(1) The term "life-sustaining activities" refers to food ingestion, urination, defecation, dressing and undressing, resting, walking, bathing etc.

(2) Grade 3 applies to patient who experiences loss of speech, cognitive, or behavioral abilities, paralysis in all four limbs, extrapyramidal syndrome, memory, perception, or emotional disorder, hyperboulia, personality change or other significant disorder; or if the patient suffers from minor paralysis and retains physical abilities but is unable to work unless guided by others.

(3) Central nervous system disorder, such as mild paralysis from pyramidal and the extrapyramidal syndromes without perception disorder, that can only be proven through scans for mild brain atrophy or brainwave abnormality will have to be diagnosed by a medical specialist.

(4) In situations where damage to the central nervous system shows up as a functional disorder outside the central nervous system, the level of disability shall be determined using scale applicable to the part of the body where the disorder is found. If the damage gives rise to multiple disorders, one scale shall be chosen based on overall symptoms. If the disorders vary in severity, scale for the most severe disorder shall be used.

1-2. Degree of "balance and hearing disorder": if the insured party suffers a head trauma that causes hearing and balance disorder at the same time, the degree of severity shall be assessed after taking both conditions into account.

1-3. Degree of disorder from "post-traumatic epilepsy": epileptic seizures, including recurrences that change the patient's personality, and ultimately leading to dementia, personality disorder, or epileptic psychosis, are rated according to Note 1-1. Severity of epileptic symptoms shall be ascertained as the state at which the medical specialist considers that no further improvements can be expected from treatments, or the state at which the symptoms are stabilized under treatment. Severity is rated using the following scale, irrespective of the nature of seizures:

(1) One or more seizures per week despite adequate treatment: Grade 3.

(2) One or more seizures per month despite adequate treatment: Grade 7.

1-4. Degree of "vertigo and balance disorder": vertigo and balance disorders are commonly caused by head trauma, damage to the central nervous system, disorder of the inner ear, cerebellum, brain stem, frontal lobe etc. Severity is rated according to the following scale:
(1) The patient can still manage life-sustaining activities, but suffers extensive balance disorder that renders the patient unable to work for life: Grade 3.
(2) The patient suffers moderate level of balance disorder, which significantly reduces the patient's work capacity below that of an ordinary person: Grade 7.

1-5. Degrees of "traumatic spinal disorder": severity is rated according to the principles described in Note 1-1, by evaluating how the overall symptoms affect the patient's limb movements, cognitive abilities, digestion, urinary system, reproduction etc.

1-6. "Sequelae after carbon monoxide poisoning": severity of sequelae after carbon monoxide poisoning is rated using the same basic principles as mental and neurological disabilities described in the notes, by evaluating the overall effects of associated symptoms.

Note 2:

2-1. Measurement of "eyesight":
(1) Eyesight is measured based on the patient's corrected vision using the universal eye chart. Eyesight can be measured without correction instead if correction is impossible.
(2) For sight impairment checks, patients may be required to pass "malingering" tests.

2-2. "Blindness" refers to an acuity level of 0.02 or below (permanent) measured using the universal eye chart, including loss or removal of eyeball, and ability only to distinguish light and dark, hand motion within one meter, or finger count within 5cm.

2-3. Eyesight is measured after a 6-month treatment since the day the injury occurred, except in circumstances where the eyeball is removed or if the eyesight is deemed irrecoverable.

Note 3:

3-1. Where the patient suffers varying degrees of hearing disorder in two ears, severity shall be rated based on the auditory ability of the better ear.

3-2. Hearing disorder is measured using an audiometer. The average loss of hearing is presented in decibels.

3-3. Balance disorder caused by damages to the inner ear is rated using principles applicable to neurological disability, based on the severity of the disorder.

Note 4:

4-1. "Damage to nose" means at least 50% damage of the nasal cartilage. "Significant and permanent impairment to functionality" refers to blockage of two nostrils to the extent that is difficult to breath, or total loss of the sense of smell that cannot be corrected.

4-2. "Significant and permanent impairment to functionality" refers to blockage of two nostrils to the extent that is difficult to breath, or total loss of the sense of smell that cannot be corrected.

Note 5:

5-1. Masticatory disorder refers to causes other than tooth (such as problems with the cheek, tongue, the hard and soft palates, jawbone, joint etc). Swallowing disorder caused by esophageal stenosis, anomaly of the tongue, and hypoglossal nerve paralysis is often associated with masticatory disorders, therefore the two disorders have been combined into "masticatory and swallowing disorder":
(1) "Loss of masticatory or swallowing function" refers to the total impairment of masticatory or swallowing movement due to structural or functional disorder, which renders the patient unable to ingest anything other than fluids.
(2) "Significant disorder in masticatory or swallowing function" means that the patient cannot chew or swallow properly, and can only ingest porridge-like food.

5-2. Language disorder refers to articulation, vocal, and syllabic disorders caused by anything other than damage of tooth:
(1) "Loss of speech" means that the patient is unable to make lip sound, tongue sound, palatal sound, or glottal sound (three or more).
(2) "Significant language disorder" means that the patient is unable to make lip sound, tongue sound, palatal sound, or glottal sound (two or more).

A. Use of both lips: consonants B, P, M
B. Use of lip and teeth: consonant F
C. Use of tongue tip and tooth gum: consonants D, T, N, L
D. Use of tongue root and soft palate: consonants G, K, H
E. Use of tongue surface and hard palate: consonants J, Ch, Sh
F. Use of tongue tip and hard palate: consonant R
G. Use of tongue tip and upper tooth gum: consonants Z, S

5-3. For syllabic disorders that affect the patient's ability to communicate with others, severity level is determined using the same grading guidelines as "Significant language disorder."

Note 6:

6-1. Internal organs:
(1) Organs in the chest cavity include heart, cardiac vesicle, aorta, trachea, bronchi, lungs, pleura, and esophagus.
(2) Organs in the abdominal cavity include stomach, liver, gallbladder, pancreas, small intestine, colon, mesentery, spleen, and adrenal gland.
(3) Urinary organs include kidney, ureter, bladder, and urethra.
(4) Reproductive organs include internal and external reproductive organs.

6-2. 1. "More than 50% removal of single vital organ" refers to vital organs including heart, lung, esophagus, stomach, liver,

pancreas, small intestine, colon, kidney, adrenal gland, ureter, bladder, and urethra.

2. The term "more than 50%" mentioned above refers to the removal of one side of a pair of symmetric organs, or two lobes of the lung.

6-3. Degree of internal organ disorder: severity of internal organ disorder is rated based on how the overall symptoms permanently affect the patient's daily living activities, and whether the patient requires assistance, using the same basic principles as neurological disability.

6-4. Total loss of bladder function refers to permanent need to urinate through abdominal surface or long-term use of urinary catheter (including permanent ileal conduit, Kock pouch, and cutaneous ureterostomy).

Note 7:

7-1. If there is coexistence of spinal disorder and neurological disability, one scale shall be chosen based on overall symptoms. If the disorders vary in severity, scale for the most severe disorder shall be used.

7-2. Spinal movement disorder has to be diagnosed through examination of X-ray image. If the image shows significant sign of fracture, dislocation, or deformity, the level of disability shall be determined using the following scale:

(1) "Significant movement disorder": refers to spinal fixation across four consecutive vertebrae and three spinal discs or above, and loss of range of motion by half or more.

(2) "Movement disorder": refers to spinal fixation across four consecutive vertebrae and three spinal discs or above, and loss of range of motion by one-third or more.

(3) No payment will be made for insignificant spinal motion restriction or spinal fixation across three vertebrae and two spinal discs and below.

Note 8:

8-1. "Loss of finger" refers to:

(1) For thumbs, severance at the interphalangeal joint or more.

(2) For all other fingers, severance at the proximal interphalangeal joint or more.

8-2 Fingers that remain totally impaired after a phalanx replantation are considered as lost. The same applies to toes.

8-3. In the case where the insured party's thumb is lost but recovers full functionality by replanting the toe, the insured party will still be compensated for the loss of thumb if the condition satisfies the disability criteria, but not for the voluntary toe severance.

Note 9:

9-1. "Total impairment in shoulder, elbow, and wrist joints in one upper limb" means total disability of one upper limb, including:

(1) Complete stiffness or paralysis of shoulder, elbow, and wrist joints in one upper limb, as well as permanent loss of movement in all five fingers of that hand.

(2) Complete stiffness or paralysis of shoulder, elbow, and wrist joints in one upper limb.

9-2. "Permanent and significant movement disorder in shoulder, elbow, and wrist joints in one upper limb" means significant movement difficulties in all joints of one upper limb, including:

(1) Permanent and significant movement disorder in shoulder, elbow, and wrist joints in one upper limb, as well as permanent loss of movement in all five fingers of that hand.

(2) Permanent and significant movement disorder in shoulder, elbow, and wrist joints in one upper limb.

9-3. Assessment of joint movement disorder by range of motion:

(1) "Total impairment" - means complete stiffness or paralysis of the joint.

(2) "Significant movement disorder" - means loss of 50% range of motion or more.

(3) "Movement disorder" - means loss of one-third range of motion or more.

9-4. Determining loss of joint movement:

(1) To be determined based on full range of motion of individual joints. If the cause and the extent of functional (movement) disorder can be ascertained, then loss of joint movement can be established based on active range of motion. If the extent of disorder cannot be ascertained, loss of joint movement will have to be established based on passive range of motion.

(2) If the injured area is fixated with a cast, the patient's condition shall be determined based on the extent of recovery after the treatment has been finished.

9-5. See diagram for the names and ranges of motion of joints in the upper and lower limbs.

Note 10:

10-1. "Permanent impairment of finger" means:

(1) For thumbs, losing 50% range of motion or more in the metacarpophalangeal joint or the interphalangeal joint.

(2) For all other fingers, losing 50% range of motion or more in the metacarpophalangeal joint or the proximal interphalangeal joint.

(3) For thumbs or all other fingers, severance of more than 50% in the distal interphalangeal joint.

Note 11:

11-1. Limb length discrepancy is measured from the anterior superior iliac spine to the internal malleolus on the shortened side, and compared to the length of the healthy side.

Note 12:

12-1. "Loss of toe" means: severance at the metatarsal-phalangeal joint.

Note 13:

13-1. "Total impairment in hip, knee, and ankle joints in one lower limb" means total disability of one lower limb, including:

(1) Total stiffness or total paralysis in all three joints of one lower limb, and permanent impairment to all five toes in that foot.

(2) Total stiffness or total paralysis in all three joints of one lower limb.

13-2. For lower limbs, "impairment," "significant movement disorder," and "movement disorder" are determined using the same rules as upper limbs.

Note 14:

14-1 "Permanent impairment of toe" refers to the following situations:

(1) For the 1st toe, severance of more than 50% in the distal phalange, severance at the metatarsal-phalangeal joint, or losing 50% range of motion in toe joint.

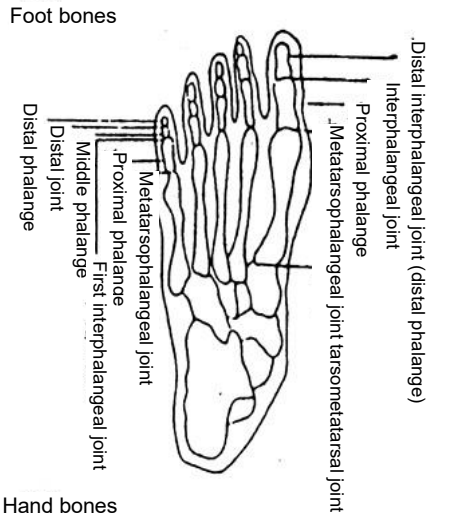
(2) For the 2nd toe, severance at the distal joint or more, or losing more than 50% range of motion in the metatarsal-phalangeal joint or the first interphalangeal joint.

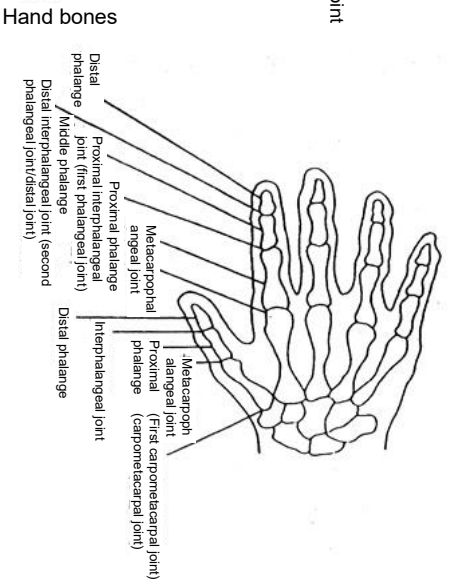
(3) For the 3rd, 4th, and 5th toes, severance at the distal joint or more, or total stiffness in the metatarsal-phalangeal joint and in the first interphalangeal joint.

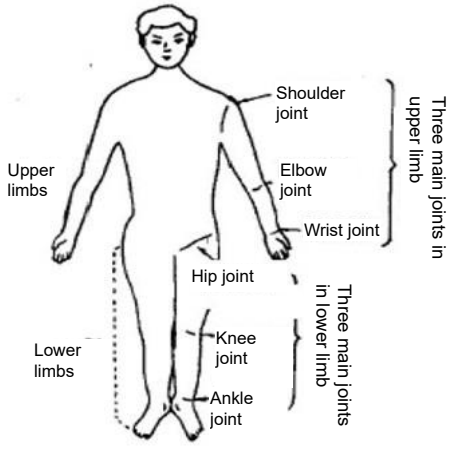
Note 15:

15-1. Permanent loss of function and existence of disorders are determined six months after the date of accidental injury, when the symptoms have stabilized after treatment and no improvement can be expected from further treatment. This excludes any conditions that can be concluded immediately.

Depiction of joints in upper and lower limbs







Range of motion for upper and lower limbs

Upper limbs:

Left shoulder joint	Front raise (Normally 180 degrees)	Back raise (Normally 60 degrees)	Joint mobility (Normally 240 degrees)
Right shoulder joint	Front raise (Normally 180 degrees)	Back raise (Normally 60 degrees)	Joint mobility (Normally 240 degrees)
Left elbow joint	Flexion (Normally 145 degrees)	Extension (Normally 0 degrees)	Joint mobility (Normally 145 degrees)
Right elbow joint	Flexion (Normally 145 degrees)	Extension (Normally 0 degrees)	Joint mobility (Normally 145 degrees)
Left wrist joint	Flexion (Normally 80 degrees)	Extension (Normally 70 degrees)	Joint mobility (Normally 150 degrees)
Right wrist joint	Flexion (Normally 80 degrees)	Extension (Normally 70 degrees)	Joint mobility (Normally 150 degrees)

Lower limbs:

Left hip joint	Flexion (Normally 125 degrees)	Extension (Normally 10 degrees)	Joint mobility (Normally 135 degrees)
Right hip joint	Flexion (Normally 125 degrees)	Extension (Normally 10 degrees)	Joint mobility (Normally 135 degrees)
Left knee joint	Flexion (Normally 140 degrees)	Extension (Normally 0 degrees)	Joint mobility (Normally 140 degrees)
Right knee joint	Flexion (Normally 140 degrees)	Extension (Normally 0 degrees)	Joint mobility (Normally 140 degrees)
Left ankle joint	Flexion (Normally 45 degrees)	Extension (Normally 20 degrees)	Joint mobility (Normally 65 degrees)
Right ankle joint	Flexion (Normally 45 degrees)	Extension (Normally 20 degrees)	Joint mobility (Normally 65 degrees)

If the insured party is able to prove that the other (normal) side of limb joints having greater ranges of motion than those mentioned in the above chart, the range of motion can be measured based on insured party's limb joints on the normal side instead.

Appendix 2: Major Burns

Major burns shall refer to: 2nd degree burn covering more than 20% of the body, or 3rd degree burn covering more than 10% of the body, or facial burn coupled with disorder of facial organs.

(一) For 2nd degree burns, specify area of the burn

(二) For 3rd degree burns covering more than 10% of the body

ICD code	Classification
948.1	3rd degree burns covering 10-19% of the body (948.10 - BURN OF 10-19% OF BODY SURFACE, EXCLUDING LESS THAN 10% OR UNSPECIFIED THIRD DEGREE)
948.2	3rd degree burns covering 20-29% of the body (948.20 - BURN OF 20-29% OF BODY SURFACE, EXCLUDING LESS THAN 10% OR UNSPECIFIED THIRD DEGREE)
948.3	3rd degree burns covering 30-39% of the body (948.30 - BURN OF 30-39% OF BODY SURFACE, EXCLUDING LESS THAN 10% OR UNSPECIFIED THIRD DEGREE)
948.4	3rd degree burns covering 40-49% of the body (948.40 - BURN OF 40-49% OF BODY SURFACE, EXCLUDING LESS THAN 10% OR UNSPECIFIED THIRD DEGREE)
948.5	3rd degree burns covering 50-59% of the body (948.50 - BURN OF 50-59% OF BODY SURFACE, EXCLUDING LESS THAN 10% OR UNSPECIFIED THIRD DEGREE)
948.6	3rd degree burns covering 60-69% of the body (948.60 - BURN OF 60-69% OF BODY SURFACE, EXCLUDING LESS THAN 10% OR UNSPECIFIED THIRD DEGREE)
948.7	3rd degree burns covering 70-79% of the body (948.70 - BURN OF 70-79% OF BODY SURFACE, EXCLUDING LESS THAN 10% OR UNSPECIFIED THIRD DEGREE)
948.8	3rd degree burns covering 80-89% of the body (948.80 - BURN OF 80-89% OF BODY SURFACE, EXCLUDING LESS THAN 10% OR UNSPECIFIED THIRD DEGREE)
948.9	3rd degree burns covering 90-99% of the body (948.90 - BURN OF 90-99% OF BODY SURFACE, EXCLUDING LESS THAN 10% OR UNSPECIFIED THIRD DEGREE)

(3) Facial burns

ICD code	Classification
940	Burn confined to eye and adnexa BURN CONFINED TO EYE AND ADNEXA
941.5	Burn of face and head, deep necrosis of underlying tissue (deep third degree) with loss of a body part. BURN OF FACE AND HEAD, DEEP NECROSIS OF UNDERLYING TISSUE (DEEP THIRD DEGREE) WITH LOSS OF A BODY PART

Group Critical Illness Plan

Scope of coverage:

The Company will pay benefits according to the terms of this contract for any of the listed critical illnesses suffered by the insured party within contract validity.

Content of insurance:

The term "critical illness" mentioned in this contract means any of the illnesses defined below that the insured party is diagnosed by a physician for the first time on or after the 61st day from the effective date of contract or additional coverage, provided that the policy remains effective on a consecutive basis during this time. However, the 61st-day restriction does not apply to situations where the insured party suffers paralysis (as described in Subparagraph 6) or undergoes major organ transplant (as described in Subparagraph 7) from an accident, or in the event of policy renewal.

1. Acute myocardial infraction (severe):

Refers to blockage in the coronary artery, causing damage to heart muscle tissues. In addition to a left ventricular ejection fraction (LVEF) of 50% and below, measured using echocardiogram 90 days or more after an attack, the condition shall also meet at least two of the following criteria:

(1) Classic chest pain.
(2) A recent electrocardiogram showing abnormal changes and signs of myocardial infraction.
(3) Abnormal increase in CK-MB, or cardiac troponin T>1.0ng/ml, or cardiac troponin I>0.5ng/ml.

2. Coronary artery bypass graft:

Refers to situations where the patient suffers angina pectoris or heart failure from sustained ischemia as a result of coronary artery disease, for which the patient is required to undergo coronary artery bypass graft. Other surgeries are excluded.

3. Post-stroke disability (severe):

Refers to permanent neurological dysfunction caused by cerebral hemorrhage, embolism, or infarction associated with cerebrovascular disorder. The term "permanent neurological dysfunction" refers to any of the following dysfunctions that remains six months after an accident, as diagnosed by a neurologist, neurosurgeon, or rehabilitation specialist:

(1) Vegetative state.
(2) Three major joints in one upper limb or three major joints in one lower limb exhibiting any of the following disabilities:

1. Inability to perform voluntary movements at the joint.
2. Muscle strength score of 2 or lower (a muscle strength score of 2 means that the patient is capable of horizontal movements, but is unable to resist gravity).

The three major joints in an upper limb include shoulder, elbow, and wrist; the three major joints in a lower limb include hip, knee, and ankle.

(3) Loss of movement or feeling in two or more limbs, which renders the patient unable to perform life-sustaining activities. Inability to perform life-sustaining activities means that the patient is constantly in need of assistance to perform activities such as food ingestion, defecation, dressing and undressing, resting, walking, bathing etc.
(4) Loss of speech or masticatory function. Loss of speech refers to aphasia caused by

damages to the brain's language center. Loss of masticatory function refers to disorders that are caused by something other than tooth, which renders the patient unable to ingest anything other than liquid food.

4. End stage renal disease:

Refers to chronic and irreversible failure of the kidney, for which the patient has already begun long-term and regular dialysis.

5. Cancer (severe):

Refers to uncontrolled growth and spread of malignant cells or tumor that are invasive to normal tissues, or leukocytosis, which has been diagnosed to meet the classification of a malignant tumor according to the latest version of "The International Statistical Classification of Diseases and Related Health Problems" following a pathological test, and is not any of the following diseases:

(1) Stage 1 and stage 2 chronic lymphocytic leukemia (using the Rai Staging System).
(2) Stage 1 Hodgkin's disease of 10cm and below.
(3) Stage 1 prostate cancer.
(4) Stage 1 papillary urothelial carcinoma.
(5) Papillary thyroid carcinoma (refers to papillary carcinoma of the thyroid gland measuring 1cm and below).
(6) Borderline ovarian tumor.
(7) Stage 1 melanoma.
(8) Stage 1 breast cancer.
(9) Stage 1 cervical cancer.
(10) Stage 1 colorectal cancer.
(11) Carcinoma-in-situ or stage zero cancer.
(12) Stage 1 cancer of malignancy.
(13) Non-melanoma skin cancer (including skin appendage carcinoma and fibrosarcoma of the skin) of stage 2 and below.

6. Paralysis (severe):

Refers to any of the following disabilities in two or more major joints in both upper limbs, or both lower limbs, or one upper and one lower limb, that cannot be recovered from or improved upon after six months:

(1) Inability to perform voluntary movements at the joint.
(2) Muscle strength score of 2 or lower (a muscle strength score of 2 means that the patient is capable of horizontal movements, but is unable to resist gravity).

The three major joints in an upper limb include shoulder, elbow, and wrist; the three major joints in a lower limb include hip, knee, and ankle.

7. Major organ transplant or hematopoietic stem cell transplantation:

A major organ transplant means allogeneic transplantation of heart, lung, liver, pancreas, or kidney (all excluding stem cell transplantation) due to functional failure.

Hematopoietic stem cell transplantation means allogeneic transplantation of hematopoietic stem cell (including bone marrow, peripheral blood, and cord blood) due to loss of hematopoietic function or malignant tumors of the hematopoietic system.

Exclusions:

The Company is not liable to pay "critical illness benefit" for "critical illnesses" suffered by the insured party due to the following:

1. Intentional acts committed by the insured party (including suicide and attempted suicide).
2. Criminal acts committed by the insured party.
3. Illegal use of prohibited drugs by the insured party, as stipulated in relevant laws and regulations.

Group Cancer Plan

Scope of coverage:

The term "cancer" mentioned throughout the contract refers to any of the diseases listed in Appendix 1 that the insured party has been diagnosed with, by a "physician," on or after the 31st day for which the contract or additional coverage has been effected consecutively. If the insured party applies for and is approved a higher sum assured while the contract is effective, the incremental coverage shall take effect from the 31st day onwards after the applicant has paid additional premiums for the coverage.

Content of insurance:

1. **Payment of cancer death benefits:** The Company will pay cancer death benefits based on the sum assured for cancer-related death if the insured party is diagnosed of "cancer" within contract validity for the first time and dies from it on a later day.
2. **Payment of cancer inpatient treatment benefit:** If the insured party is diagnosed of "cancer" within contract validity for the first time and undergoes inpatient treatment directly related to the "cancer," the Company will pay cancer inpatient treatment benefit at the cancer inpatient treatment daily rate multiplied by the actual number of days hospitalized.
3. **Payment of cancer surgical treatment benefit:** If the insured party is diagnosed of "cancer" within contract validity for the first time and undergoes surgical treatment, the Company will pay cancer surgical treatment benefit based on the sum assured for cancer surgical treatment.
4. **Payment of cancer post-hospitalization recovery benefit:** If the insured party undergoes inpatient treatment for the condition described in Article 16 and is later discharged from hospital, the Company will pay cancer post-hospitalization recovery benefit at the cancer post-hospitalization recovery daily rate multiplied by the actual number of days hospitalized.
5. **Payment of cancer outpatient treatment benefit:** If the insured party is diagnosed of "cancer "within contract validity for the first time and undergoes outpatient treatment directly related to the "cancer," the Company will pay cancer outpatient treatment benefit at the cancer outpatient treatment rate for every outpatient treatment received. Up to 120 payments can be made per policy year. If additional coverage is subscribed for an insured party some time during a year, the maximum number of outpatient treatments that the insured party may be compensated for in that year shall be prorated by the period of time that the coverage remains effective.

Appendix 1:

"Cancer" refers to uncontrolled growth and spread of malignant cells or tumor that are invasive to normal tissues, or leukocytosis, which has been diagnosed to meet the classification of a malignant tumor according to the latest version of "The International Statistical Classification of Diseases and Related Health Problems" following a pathological test, or carcinoma in situ.

Cancer (early stage)

1. Carcinoma-in-situ or stage zero cancer.
2. Stage 1 cancer of malignancy.

3. Non-melanoma skin cancer (including skin appendage carcinoma and fibrosarcoma of the skin) of stage 2 and below.

Cancer (less severe)

1. Stage 1 and stage 2 chronic lymphocytic leukemia (using the Rai Staging System).
2. Stage 1 Hodgkin's disease of 10cm and below.
3. Stage 1 prostate cancer.
4. Stage 1 papillary urothelial carcinoma.
5. Papillary thyroid carcinoma (refers to papillary carcinoma of the thyroid gland measuring 1cm and below). 6. Borderline ovarian tumor.
7. Stage 1 melanoma.
8. Stage 1 breast cancer.
9. Stage 1 cervical cancer.
10. Stage 1 colorectal cancer.

Cancer (severe)

All other cancers not classified as early stage and less-severe

Group Hospital & Surgical Plan

Scope of coverage:

The Company will pay benefits according to the terms of the contract if the insured party is treated for illness or injury at a hospital within contract validity.

The term "hospitalization" mentioned throughout the contract shall refer to situations where the insured party is diagnosed by a physician of certain illness or injury that requires inpatient treatment, for which the insured party actually completes the admission procedures and undergoes treatment at a hospital. However, this excludes the case of hospital day care mentioned in Article 51 the National Health Insurance Act and Article 35 of the Mental Health Act.

Content of insurance:

A. Reimbursement type:

1. Payment of medical benefit
    1. Covers room charge, meal charge, and general nursing expenses charged by hospital for the same hospitalization, up to the "daily hospitalization" limit specified in the insurance application.
    2. Doubled ICU benefit:
       If the insured party is admitted into an ICU under physician's diagnosis within a period of hospitalization, the Company will pay two times the "daily hospitalization" limit specified in the insurance application for the first seven days in the ICU; in which case, the number of days in the ICU will be included in the total number of days paid for the given hospitalization. If the duration of ICU stay is less than seven days, the adjusted benefit will be paid for the actual number of days stayed; if the duration is more than seven days, the adjusted benefit will be paid for the first seven days.
    3. Compensatory hospitalization benefits:
       If the insured party undergoes inpatient treatment as a subscriber of the National Health Insurance Scheme, and completes surgical treatment during hospitalization, the Company will pay 1.5 times the "daily hospitalization limit" specified in the insurance application form. However, if the insured party is admitted into ICU during this time, the Company will pay "daily hospitalization" limit at the rate of "doubled ICU benefit" described above for the duration of ICU stay, whereas the remaining days of hospitalization are paid at the rate of compensatory hospitalization benefits.
2. Sundry hospital expense benefit:
    (1) Use of operating room, treatment room, and equipment thereof.
    (2) Prescription drug.
    (3) Bandage, splint, and cast.
    (4) Laboratory test.
    (5) Electrocardiogram.
    (6) Check of basal metabolic rate.
    (7) Physiotherapy.
    (8) Use of anesthetics and oxygen.
    (9) X-ray imaging.

(10) Intravenous injection and the solution used.
(11) Cost of blood, plasma, and transfusion.
(12) Ambulance charge for partnered hospital.
(13) Registration charge and issuance of documentary proof.

Accidental emergency medical benefit:

If the insured party suffers body injury from an accident and undergoes emergency treatment at a hospital within 24 hours after the accident, the Company will pay accidental emergency medical benefit for the amount of medical expenses charged by hospital, up to NT$5,000 per accident, regardless of whether the insured party continues to undergo inpatient treatment thereafter.

Outpatient treatment benefits before/after hospitalization:

If the insured party encounters an accident and requires outpatient treatment within one week before or after inpatient treatment for the same accident, the Company will pay benefit for the amount of outpatient treatments undertaken before and after hospitalization, up to the daily "medical consultation" limit specified in the insurance application form per payment and is limited to one outpatient session per day. If the insured party undergoes surgical treatment during hospitalization, the benefit will be extended to cover outpatient treatments two weeks after discharge.

The sum of sundry hospital expense benefit, accidental emergency medical benefit, and outpatient treatment benefits before/after hospitalization paid on one period of hospitalization shall not exceed the "sundry hospital expense" limit specified in the insurance application form. If the sum exceeds the abovementioned limit, the Company will only pay total benefits at the limit.

3. **Medical consultation benefit**:

   The sum of medical consultation fees charged by the chief physician plus joint consultation fees charged by other physicians of the same hospital for the same period of hospitalization shall not exceed the amount of daily "medical consultation" limit specified in the insurance application form multiplied by the actual number of days hospitalized (capped at 365 days per hospitalization). If the insured party undergoes surgery, the amount of medical consultation fees charged by the chief physician shall be reimbursed as part of surgical benefits and are excluded from benefits of this Subparagraph.

4. **Surgical benefit**:

   The sum of surgical expenses charged by hospital for the given hospitalization shall not exceed the product of maximum reimbursement percentage listed in Appendix 1 multiplied by "surgical" benefit limit specified in the insurance application form. If the insured party suffers an illness or injury within contract validity and undergoes outpatient surgery under the diagnosis of a physician without inpatient treatment, the Company will pay benefit for sundry expenses and the surgical benefit.

5. **Benefits for Cesarean section**:

   The Company will pay benefits according to the terms of the contract if the insured party is diagnosed of any of the following conditions by a physician within contract validity for which Cesarean delivery is deemed necessary, and undergoes inpatient Cesarean section as a subscriber of the National Health Insurance Scheme.

I. Protracted labor:
II. Fetal distress
III. Cephalopelvic disproportion (CPD)
IV. Abnormal fetal position.
V. Multiple birth.
VI. Severance of umbilical cord due to insufficient dilation of cervix.
VII. Stillbirth (more than 24 weeks of pregnancy and the fetus weighs 560 g or above) for the second time and above.
VIII. Labor-related disease:
(1) Placenta previa.
(2) Preeclampsia and eclampsia.
(3) Placental abruption.
(4) Premature rupture of membranes by more than 24 hours with infection.
(5) Heart or lung disease of the mother: 1. Severe heart arrhythmia. 2. Class III or Class IV heart failure, as determined by a cardiologist using Classification of Cardiopulmonary Function. 3. Severe pulmonary emphysema.

6. If the insured party undergoes one of the surgeries with maximum reimbursement percentage of 100%, as listed on Appendix 1, maximum reimbursement percentage for that particular instance will be increased to 400% while the limit of surgical benefits claimable is capped at four times the "surgical" benefit limit specified in the insurance application form.

B. **Daily benefit type**:

If the insured party undergoes inpatient treatment as a subscriber of National Health Insurance Scheme and does not claim reimbursement-type benefit from the Company, the Company will pay "hospitalization compensatory benefits" at the "daily hospitalization limit" specified in the insurance application form for the number of days stayed. However, payment of benefits is capped at 365 days per hospitalization.

Exclusions:

The Company is not liable to pay benefits if the insured party is hospitalized for illness or injury from the following.

1. Intentional acts committed by the insured party (including suicide and attempted suicide).
2. Criminal acts committed by the insured party.
3. Illegal use of prohibited drugs by the insured party, as stipulated in relevant laws and regulations.

The Company is not liable to pay benefits if the insured party is hospitalized due to any of the following events.

1. Cosmetic or plastic surgery. However, exception is given to surgical procedures that are deemed necessary following an accidental injury.
2. Visible birth defect.
3. Dental treatment or surgery. However, exception is given to damages caused by accidental injury.

4. Tooth implant, prosthetic limbs, prosthetic eyes, eyewear, or other accessories. However, exception is given to damages caused by accidental injury, and is limited to one installation only. In which case, benefits for installation are capped at two times the "daily hospitalization" limit per accessory (excluding prosthetic limbs and prosthetic eyes), and the sum of benefits paid per accident (including prosthetic limbs and prosthetic eyes) is capped at ten times the "daily hospitalization" limit.
5. Health checkup, recuperation, convalescence, drug addiction treatment, alcohol addiction treatment, nursing, elderly care, or any process that is not directly related to treatment of the patient.
6. Pregnancy, miscarriage, or labor. However, exception is given to inpatient treatments for therapeutic abortion or threatened miscarriage, ectopic pregnancy, gestational trophoblastic disease, placenta previa, placental abruption, preeclampsia, eclampsia, toxemia, and postpartum hemorrhage; accident-induced miscarriage; and abortion deemed necessary for medical reasons.
7. Infertility, artificial insemination, or birth control and sterilization surgeries that are not intended as a treatment.

Appendix 1: Surgical Charges Chart

Name of procedure	Maximum reimbursement percentage
Abdominal cavity	
Appendectomy	50.00
Colectomy	75.00
Gastrectomy	75.00
Gastroenterostomy	63.00
Cholecystectomy	75.00
Aside from the above, any abdominal incision to remove one or multiple organs	50.00
Two or more surgeries performed during one abdominal incision still count as one surgery	50.00
Abscess	
Drainage of one or multiple pustules	5.00
Inpatient treatment for one or multiple abscesses	13.00
Amputation	
Amputation of finger or toe (each)	8.00
Amputation of palm, forearm, or foot (severance at the ankle)	25.00
Amputation of lower leg, upper arm, or thigh	38.00
Amputation of thigh at hip joint	75.00
Breast	
Total removal of breast tissue on one or both sides to the underarm	75.00
Removal (simple) of breast on one side	45.00
Removal (simple) of breast on both sides	55.00
Chest cavity	
Full thoracoplasty	100.00
Removal of lung or part thereof	75.00
Thoracic incision for treatment purpose, except puncture	25.00
Drainage of pus, except puncture	13.00
Artificial pneumothorax	13.00
Each pump performed for the surgical procedures above, up to 6 pumps	3.00
Bronchoscopy inspection for diagnosis	13.00
Other thoracic surgery (excluding biopsy	25.00
Ear	
Eardrum removal	5.00
Mastoidectomy on one side	50.00
Mastoidectomy on two sides	63.00
Cochleostomy on one or two sides	100.00
Esophagus	
Esophageal dilation	38.00
Gastroscopy	20.00
Eyes	
Removal of foreign object at the cornea	5.00
Retinopexy	100.00
Cataract	60.00
Glaucoma	32.00
Eye removal	32.00
Pterygium surgery	30.00
Hordeolum or chalazion	10.00
Bone fracture	
Simple treatment of clavicle, scapula, or forearm bone	20.00
Tailbone, tarsal bone, metatarsal bone, or calcaneus	10.00
Femur	38.00
One bone in the upper arm or lower leg	30.00
Finger, toe (each), or rib (each)	5.00
Two bones in forearm, kneecap, or hip bone (without skeletal traction)	20.00
Two bones in lower leg	50.00
Lower jaw	18.00
Wrist bone, metacarpal bone, nasal bone, two or more ribs, or sternum	8.00
Pelvis (skeletal traction needed)	32.00
Lateral spine shift; each vertebrae	7.00
Vertebral compression fracture; one or multiple vertebrae	38.00
Wrist	12.00
For compound fracture, additional compensation of 50% may be granted on top of the above.	
If incision is performed for bone grafting or osteosynthesis, additional compensation of 100% may be granted on top of the above, subject to the maximum surgical benefit limit.	
Reproductive and urinary system	
Kidney removal	85.00
Nephropexy	75.00
Removal of stone in kidney, ureter, or bladder through open surgery	75.00
Removal of the above through laser or endoscope	35.00
Urethral stricture - through open surgery	30.00
Accomplishment of the above through internal urethrotomy	15.00
Complete removal of prostate - through open surgery (all operations)	85.00
Partial removal of prostate - through endoscopy	25.00
Removal of prostate through other surgical procedures	50.00
Removal of testicle or epididymis	25.00
Abdominoscrotal hydrocele or varicocele	13.00
Hysterectomy for cancer	100.00
Removal of uterus, fallopian tubes, and ovaries with or without appendectomy	65.00
Cervix laser surgery or curettage unrelated to labor	10.00
Cervix dilation and curettage unrelated to labor	13.00
Perineal or vaginal reconstruction unrelated to labor Including cystocele and rectocele	38.00
Fibroid removal without open surgery	20.00
Thyroid goiter	
All thyroid removal surgeries	75.00
Hernia	
Injection treatment —— one side	19.00
Injection treatment —— two sides	25.00
Surgical repair —— one side	38.00
Surgical repair —— two sides	50.00
Joints and dislocation	
Arthrotomy for any disease or symptom not mentioned in this chart (excluding puncture)	13.00
Arthrotomy of shoulder, elbow, or knee joint (excluding puncture)	38.00
Joint removal, fixation, severance, or formation surgery —— Shoulder, hip, or spinal joint	75.00
Joint removal, fixation, severance, or formation surgery —— Knee, elbow, wrist, or ankle joint	38.00
Dislocation —— Finger or tow (each)	5.00
Dislocation —— Shoulder, elbow, wrist, or ankle joint	15.00
Dislocation —— Lower jaw	7.00
Dislocation —— Femur or knee, excluding hip bone	20.00
Dislocation —— hip bone	5.00
Surgery performed on dislocation is granted compensation at two times the above.	
Nose	
Sinus puncture	3.00
Endonasal sinus surgery	25.00
Incision sinus surgery	55.00
Removal of one or multiple polyps	5.00
Endoscopic mucosal resection	25.00
Turbinate reduction surgery	8.00
Puncture	
Paracentesis	13.00
Puncture of chest cavity or bladder (excluding catheterization)	8.00

Name of procedure	Maximum reimbursement percentage
Eardrum, joint cyst, or spine	5.00
Colon	
Surgery for malignant tumor (all surgical phases) including artificial anus	100.00
Surgical removal of external hemorrhoid (all operations)	30.00
All surgical removal or injection treatment for internal hemorrhoid or combined hemorrhoid, including rectal prolapse	40.00
Anal fistula	45.00
Anal fissure	5.00
Other open surgery of the colon	18.00
Skull	
Open skull surgery, excluding craniotomy and puncture	100.00
Bone removal, craniotomy, or pressure release	32.00
Throat	
Tonsillectomy, with or without adenoidectomy	25.00
Use of endoscope for diagnosis	5.00
Tumor	
Surgical removal of malignant tumor, excluding malignant tumor of mucus membrane, skin, and hypodermis	50.00
Malignant tumor of mucus membrane, skin, and hypodermis	25.00
Open surgery for pilonidal disease or cyst	25.00
Removal of benign tumor at testicle or breast	45.00
Ganglion cyst	25.00
Verruca, melanocytic nevus	3.00
Inpatient treatment of one or multiple benign tumors, unless elsewhere specified	13.00
No hospitalization needed	5.00
If radiotherapy is performed on any of the abovementioned tumors, the entire treatment will be eligible for the maximum reimbursement percentage. However, surgical and radiotherapy benefits are limited only to the tumor removed.	
Vein	
Open surgery or injection treatment for varicose vein on one leg (all operations)	20.00
Open surgery or injection treatment for varicose vein on two legs	30.00
Note	
For surgeries not mentioned in the above chart, the Company will determine the amount of compensation in reference to the chart and reserves the right of final decision.	

Group Accidental Medical Reimbursement Rider

Scope of coverage:

The Company will pay benefit according to the terms of the rider if the insured party encounters accidental injury within contract validity.

Content of insurance:

If the insured party suffers an accidental injury, and is treated by a registered and certified hospital or clinic within 180 days after the accident, the Company will pay "medical benefit" to reimburse the amount of medical expenses incurred in excess of the amount covered by the National Health Insurance Scheme. Further treatments after 180 days are not covered unless the beneficiary is able to prove causality between the treatment and the accident.

Exclusions:

The Company is not liable to pay benefits if the insured party's injury is caused by any of the following.

1. Intentional acts committed by the policyholder or the insured party.
2. Criminal acts committed by the insured party.
3. Driving (riding) under the influence of alcohol, with alcohol content (measured from a breathing test or blood test) exceeding the limits stipulated in the road code.
4. War (whether declared or not), civil war, or war-like armed riot. This excludes situations where the rider stipulates otherwise.
5. Explosions, burns, radiation, or pollution caused by nuclear-powered device. This excludes situations where the rider stipulates otherwise.

In the situation described in Subparagraph 1 of the preceding Paragraph (except for intentional actions of the insured party), the Company will still pay benefits for the insured party's injury.

Group Bone Fracture

Content of insurance:

If the insured party encounters one of the accidents defined in this contract within the period of validity, which results in any of the bone fractures listed below within 180 days after the accident, and is diagnosed by a physician not to undergo inpatient treatment or to undergo inpatient treatment for less than the number of days specified below for the given fracture, the Company will pay "curtailed fracture hospitalization benefits" at the "curtailed fracture hospitalization daily rate" multiplied by the number of days the insured party has abstained from hospitalization for the given fracture, as listed below. Benefits will be paid for up to the estimated days of hospitalization for the given fracture, minus the actual number of days hospitalized. If the insured party undergoes another inpatient treatment while there are still hospitalization curtailment days to claim, the amount of "curtailed fracture hospitalization benefits" for the period of time from re-admission to re-discharge will be deducted from the final payout.

In the above situation, the Company will still pay "curtailed fracture hospitalization benefits" on fractures that are diagnosed by physician 180 days after the accident if the insured party is able to prove that the fracture has indeed been caused by the accident.

The term "fracture" mentioned in Paragraph 1 shall refer to a complete breakage of the bone. For non-complete breakage, the Company will pay benefits at half the daily rate for complete breakage; for cracks, the Company will pay benefits at one-quarter the daily rate for complete breakage. If the insured party suffers two or more of the following fractures at the same time, the Company will only pay "curtailed fracture hospitalization benefits" on the highest tier.

Fractured bone	Days of complete breakage
1 Nasal bone, orbital bone (including cheek bone)	14 days
2 Metacarpal bone, phalanges	14 days
3 Metatarsal bone, phalanges	14 days
4 Mandible (except for alveolus-related treatment)	20 days
5 Ribs	20 days
6 Clavicle	28 days
7 Radius or ulna	28 days
8 Knee cap	28 days
9 Scapula	34 days
10 Vertebrate (including thoracic vertebrae, lumbar vertebrae and tail bone)	40 days
11 Pelvis (including ilium, pubis, ischium, and sacrum)	40 days
12 Skull	50 days
13 Humerus	40 days
14 Radius and ulna	40 days
15 Wrist bone (one or two hands)	40 days
16 Tibia or fibula	40 days
17 Ankle bone (one or two feet)	40 days
18 Femur	50 days
19 Tibia and fibula	50 days
20 Femoral neck	60 days

Exclusions:

The Company is not liable to pay benefits if the insured party's injury is caused by any of the following.

1. Intentional acts committed by the policyholder or the insured party.
2. Criminal acts committed by the insured party.
3. Driving (riding) under the influence of alcohol, with alcohol content (measured from a breathing test or blood test) exceeding the limits stipulated in the road code.
4. War (whether declared or not), civil war, or war-like armed riot. This excludes situations where the rider stipulates otherwise.
5. Explosions, burns, radiation, or pollution caused by nuclear-powered device. This excludes situations where the rider stipulates otherwise.

In the situation described in Subparagraph 1 of the preceding Paragraph (except for intentional actions of the insured party), the Company will still pay benefits for the insured party's injury.

Notes on claims application

If an insured party encounters an accident, the insured employee or beneficiary shall notify employer in the shortest time possible, submit a Benefit Claim Form along with the following documents depending on the nature of claim, and have the employer forward insurance claims to the insurance company.

➢ Required documents for claims application

Claim request / Required documents *** Required documents may differ from claim to claim; please refer to policy terms and conditions for details.**	Benefit Payment Application	Consent and Authorization for Inquiries	Proof of diagnosis	Receipt of medical expense or statement ●	X-ray film on fracture	Pathology report or biopsy report	Proof of disability	Death certificate	Proof of use of public transport	Forensic report	Proof of injury-inflicting accident	Household registration transcript showing removal of insured	Beneficiary's household registration transcript or identity proof	Insurance policy or transcript thereof	Proof of loan balance or proof of full settlement (8)
Medical benefit															
Fixed (daily) hospitalization benefits	✓	✓	✓												
Daily accidental injury	✓	✓	✓		✓						✓				
Reimbursement type accidental injury	✓	✓	✓	✓							✓				
Death benefit															
Death by illness	✓	✓						✓				✓	✓	✓	✓
Death by accident	✓	✓								✓	✓	✓	✓	✓	✓
Disability benefit															
Total disability by illness	✓	✓					✓							✓	
Accidental disability benefits/major	✓	✓					✓				✓				
Critical illness coverage/special injury and	✓	✓	✓			✓									
Major burns	✓	✓	✓								✓				
Public transport injury coverage (death or	✓	✓					✓		✓	✓	✓	✓	✓	✓	
Premium waiver	✓	✓	✓												
Missing/missing by accident	✓	✓						✓		✓	✓	✓	✓	✓	

※Items marked with ● indicate that duplicate copies (not photocopies) of documents officially issued by hospital can be used for claims.

24-hour Overseas Emergency Aid Policy

Subjects of service:
Any insured party covered under the main contract of the Company's personal life insurance (excluding Group Credit Term Life and Group Credit Accident), personal accident insurance, or personal health insurance policy within the period of validity (Note 1) and resides and has place of residence registered in Taiwan is eligible to use the service. If an insured party is covered by two or more of the abovementioned policies, service will be provided on only one of the policies.

Note 1: This service is not available on lapsed policy, extended term insurance, and reduced paid-up insurance.

Applicable location and period:
Insured parties may request for overseas emergency assistance for any urgent event encountered while traveling outside the Republic of China (Taiwan, Penghu, Kinmen, and Matsu), provided that the period of overseas stay does not exceed 180 days.

Service categories:
[Medical services]

1. 24-hour emergency medical consultation over telephone.
2. Arrangement for personal consultation by physician and referral to medical institution.
3. Provision of emergency medical supplies and equipment.
4. Arrangement for ambulance service.
5. Assistance with hospitalization arrangement.
6. Follow-up on medical conditions.
7. Emergency transfer between medical institutions.
8. Post-discharge recovery.
9. Return arrangement.
10. Flight and accommodation subsidies for visiting relatives.
11. Assistance with local burial service.
12. Assistance with return of the deceased's body/ash.
13. Assistance with the return of accompanying children aged below 20.
14. Assistance with the return of accompanying spouse
15. Interpretation for medical queries.
16. Stand-in payment of medical expenses.
17. Humanitarian aid.

[Travel assistance]

1. Pre-travel information.
2. Travel assistance.
3. Baggage location and delivery service.
4. Assistance with the search and application for replacement issue of credit card, passport, and visa.

5. Reissuance and delivery of relevant documents.
6. Referral of interpretation/secretarial service.
7. Arrangement for foreign car rental.
8. Arrangement and recommendation for hotel accommodation in a foreign major city.
9. Information and assistance on insurance products and claims.

[Legal assistance]: Legal consultation and legal information.

Request for service:
Please call the following service hotline:

- Forwarded call (receiver pays): local service provider's number + 886-2-2326-6768; or
- International direct dial (caller pays): local dialing prefix + 886-2-2326-6768

Reminder:
This is an extra service provided on top of the product you have purchased. The terms of which may be amended or terminated at our discretion without prior notice if deemed necessary.