Shu-Te University Benefits Schedule of Students Insurance (Insured Period : 2020/08/01 ~ 2022/7/31)

Policy No. : G06170000652

Death Benefit Specific Accident Death Benefit Total Disability Benefit 1 st Grade Disability Living Supplement Benefit 2 nd Grade Disability Benefit 2 nd Grade Disability Living Supplement Benefit 3 rd Grade Disability Living Supplement Benefit	1,000,000 1,000,000 1,000,000 1st Year : 200,000 2nd Year : 200,000 3rd Year : 300,000 4th Year : 300,000 900,000 1st Year : 150,000 2nd Year : 150,000 3rd Year : 250,000 4th Year : 250,000 800,000 1st Year : 150,000 2nd Year : 150,000 3rd Year : 250,000 4th Year : 250,000 800,000 1st Year : 150,000 2nd Year : 150,000
Total Disability Benefit 1 st Grade Disability Living Supplement Benefit 2 nd Grade Disability Benefit 2 nd Grade Disability Living Supplement Benefit 3 rd Grade Disability Benefit 3 rd Grade Disability Benefit 3 rd Grade Disability Benefit	1,000,000 1st Year : 200,000 2 nd Year : 200,000 3 rd Year : 300,000 4 th Year : 300,000 900,000 1st Year : 150,000 2 nd Year : 150,000 3 rd Year : 250,000 4 th Year : 250,000 1 st Year : 150,000 1 st Year : 150,000
1 st Grade Disability Living Supplement Benefit 2 nd Grade Disability Benefit 2 nd Grade Disability Living Supplement Benefit 3 rd Grade Disability Benefit 3 rd Grade Disability	1st Year : 200,000 2nd Year : 200,000 3rd Year : 300,000 4th Year : 300,000 900,000 1st Year : 150,000 2nd Year : 150,000 3rd Year : 250,000 4th Year : 250,000 3rd Year : 250,000 4th Year : 250,000 1st Year : 150,000 2nd Year : 150,000 2nd Year : 150,000
Living Supplement Benefit 2 nd Grade Disability Benefit 2 nd Grade Disability Living Supplement Benefit 3 rd Grade Disability Benefit 3 rd Grade Disability	2 nd Year : 200,000 3 rd Year : 300,000 4 th Year : 300,000 900,000 1 st Year : 150,000 2 nd Year : 150,000 3 rd Year : 250,000 4 th Year : 250,000 800,000 1 st Year : 150,000 2 nd Year : 150,000
Living Supplement Benefit 2 nd Grade Disability Benefit 2 nd Grade Disability Living Supplement Benefit 3 rd Grade Disability Benefit 3 rd Grade Disability	3rd Year : 300,000 4th Year : 300,000 900,000 1st Year : 150,000 2nd Year : 150,000 3rd Year : 250,000 4th Year : 250,000 4th Year : 250,000 1st Year : 150,000 2nd Year : 150,000 3rd Year : 250,000 4th Year : 150,000 1st Year : 150,000 2nd Year : 150,000
2 nd Grade Disability Benefit 2 nd Grade Disability Living Supplement Benefit 3 rd Grade Disability Benefit 3 rd Grade Disability	4 th Year : 300,000 900,000 1 st Year : 150,000 2 nd Year : 150,000 3 rd Year : 250,000 4 th Year : 250,000 800,000 1 st Year : 150,000 2 nd Year : 150,000
2 nd Grade Disability Living Supplement Benefit 3 rd Grade Disability Benefit 3 rd Grade Disability	900,000 1 st Year : 150,000 2 nd Year : 150,000 3 rd Year : 250,000 4 th Year : 250,000 800,000 1 st Year : 150,000 2 nd Year : 150,000
2 nd Grade Disability Living Supplement Benefit 3 rd Grade Disability Benefit 3 rd Grade Disability	1st Year : 150,000 2nd Year : 150,000 3rd Year : 250,000 4th Year : 250,000 800,000 1st Year : 150,000 2nd Year : 150,000
Living Supplement Benefit 3 rd Grade Disability Benefit 3 rd Grade Disability	2 nd Year : 150,000 3 rd Year : 250,000 4 th Year : 250,000 800,000 1 st Year : 150,000 2 nd Year : 150,000
Living Supplement Benefit 3 rd Grade Disability Benefit 3 rd Grade Disability	3 rd Year : 250,000 4 th Year : 250,000 800,000 1 st Year : 150,000 2 nd Year : 150,000
3 rd Grade Disability Benefit 3 rd Grade Disability	4 th Year : 250,000 800,000 1 st Year : 150,000 2 nd Year : 150,000
3 rd Grade Disability	800,000 1 st Year : 150,000 2 nd Year : 150,000
3 rd Grade Disability	1 st Year : 150,000 2 nd Year : 150,000
	2 nd Year : 150,000
5 11	3 rd Year : 250,000
	4 th Year : 250,000
4 th Grade Disability Benefit	700,000
5 th Grade Disability Benefit	600,000
6 th Grade Disability Benefit	500,000
	400,000
	300,000
	200,000
	100,000
11 th Grade Disability Benefit	50,000
Dread Burn Injury Benefit	250,000 X Limited to single payment
Apply for either [Reimbursement Type] or [Daily Indemnity Type】
[Reimbursement Type]	[Daily Indemnity Type]
1. Hospitalization Benefit : (1) General Room : [500] per stay.	(1)Hospitalization Benefit :
	[500] per hospital stay.
	(2)ICU Benefit :
	[1,000] per ICU stay
	(3)Burning Center Benefit: 【1,000】 per day.
	(4)Cancer Hospitalization Benefit :
	【1,000】 per hospital stay.
3.Maximum payment per hospital stay: [20,000]	Maximum days of (1)~(4) will be 180 days.
Accidental Outpatient Benefit	Actual expenses reimbursement for each
	event, maximum payment [5,000]
	* Application for the payment can be
	attached either the original receipt or a
	copied receipt.
Accidental Fracture Indemnity Benefit	[250] per day, depending on fracture positions and levels.
Significant Injury and Disease Benefit	[30,000]
Other Medical Benefits Initial Cancer Benefit	*Limited to single payment. 1.Payment of DCIS : [15,000] (Fixed amount)
	2.Payment of Initial Cancer : [15,000] (Fixed anitotini)
	amount)
	※ Limitéd to single payment.
On-Campus Food Poisoning Benefit	【1,000】per student (Fixed amount)
Project Subsidy of Major Surgery Payment	Maximum payment per surgery : [120,000]
(Premium-exempted Students only)	Maximum payment per surgery : [120,000] ※ Applying for this benefit must be attached the original receipts and expense details.
Students and Intern Teachers recognized by Chur	
	Te oniversity and recorded on the insured
	7 th Grade Disabilitý Benefit 8 th Grade Disability Benefit 10 th Grade Disability Benefit 11 th Grade Disability Benefit 11 th Grade Disability Benefit Dread Burn Injury Benefit Apply for either [Reimbursement Type] or [[Reimbursement Type] or [(1) General Room : [500] per stay. (2) ICU \ Burning Center \ Cancer Inpatient : [1,500] per stay. ※ Total Days of (1) and (2) per stay limit to 180 days. 2.Maximum payment of surgical fees : (1) General Surgery Benefit : [6,000] (2) Major Surgery Benefit : [30,000] 3.Maximum payment per hospital stay: [20,000] Accidental Outpatient Benefit Significant Injury and Disease Benefit Initial Cancer Benefit On-Campus Food Poisoning Benefit Project Subsidy of Major Surgery Payment