Shu-Te University Benefits Schedule of Students Insurance (Insured Period: 2022/08/01 ~ 2024/7/31)

Policy No. : G06170000652

Coverage	Benefits	Payment(NT\$)
Death	Death Benefit	1,000,000
Death	Specific Accident Death Benefit	1,000,000
Disability	Total Disability Benefit	1,000,000
		1st Year : 200,000
	1 st Grade Disability Living Supplement Benefit	2 nd Year : 200,000
		3 rd Year : 300,000
		4 th Year : 300,000
	2 nd Grade Disability Benefit	900,000
	, and the second	1 st Year : 150,000
	2 nd Grade Disability Living Supplement Benefit	2 nd Year : 150,000
		3 rd Year : 250,000
		4 th Year : 250,000
	3rd Grade Disability Benefit	800,000
	,	1st Year: 150,000
	3 rd Grade Disability Living Supplement Benefit	2 nd Year : 150,000
		3 rd Year : 250,000
	2.ving cappionion zonom	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
	7th Grade Disability Benefit	400,000
	8 th Grade Disability Benefit	300,000
	9 th Grade Disability Benefit	200,000
	10 th Grade Disability Benefit	100,000
	11 th Grade Disability Benefit	50,000
	Trii Grade Disability Benefit	
Dread Burn	Dread Burn Injury Benefit	250,000
Injury	, , , , , , , , , , , , , , , , , , ,	Limited to single payment
Hospitalization Benefits	Apply for either [Reimbursement Type] or [Daily Indemnity Type]	
	【 Reimbursement Type】	[Daily Indemnity Type]
	1. Hospitalization Benefit:	(1)Hospitalization Benefit:
	(1) General Room: [500] per stay.	[500] per hospital stay.
	(2) ICU · Burning Center · Cancer Inpatient :	(2)ICU Benefit:
	[1,500] per stay.	[1,000] per ICU stay
	Total Days of (1) and (2) per stay limit to	·
		(3)Burning Center Benefit :
	180 days.	[1,000] per day.
	2.Maximum payment of surgical fees :	(4)Cancer Hospitalization Benefit:
	(1) General Surgery Benefit : [6,000]	【1,000】per hospital stay.
	(2) Major Surgery Benefit: [30,000]	Maximum days of (1) (1) will be 100 days
	3.Maximum payment per hospital stay: [20,000]	Maximum days of (1)~(4) will be 180 days.
Other Medical Benefits	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.
	Assistantal Frantisca Indonesity Danetit	[250] per day, depending on fracture
	Accidental Fracture Indemnity Benefit	positions and levels.
	O's a'f' and I a' and I D's and Description	[30,000]
	Significant Injury and Disease Benefit	*Limited to single payment.
	Initial Cancer Benefit	1.Payment of DCIS: [15,000] (Fixed amount)
		2.Payment of Initial Cancer : [150,000] (Fixed
		amount)
		Limited to single payment.
	On-Campus Food Poisoning Benefit	【1,000】per student (Fixed amount)
		Maximum naumant nar auraami . \$400,000\$
	Project Subsidy of Major Surgery Payment	Maximum payment per surgery: [120,000] X Applying for this benefit must be attached the original receipts and expense details.
	(Premium-exempted Students only)	W What in the penetir inner he arraction
	(Fremium-exempled Students only)	the original receipts and expense details
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The Insured	Students and Intern Teachers recognized by Shu-	