MercerMarsh Benefits

Benefits that truly benefit

Adobe Systems Korea

2025/26

Group Insurance Manual

Business of Marsh McLennan

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1 Group Insurance Coverage

- **Policy Period** August 5, 2025 ~ August 5, 2026
- **Insurer** Kyobo Life Insurance
- **Benefit Details**

(Unit: KRW)

Coverage	Details	Insured Amount	Eligibility
Accidental Death	Death as a direct result of accident	**AS x 3 (Max. 1 bil)**	**Employee**
Accidental Disability	Permanent disability as a direct result of accident ▪ 100% ~ 3% of insured amount according to disability degree	**AS x 3 (Max. 1 bil)**	
Disease Death	Death or over 80% of disability as a result of disease	**AS x 3 (Max. 1 bil)**	
2 Critical Illness	Diagnosed as cerebral hemorrhage or acute myocardial infarction (1st time each)	**20 mil.**	**Employee Spouse**
Cancer Diagnosis	Diagnosed as cancer (1st time) ▪ Thyroid cancer, borderline tumor 30% ▪ Carcinoma in situ, other cutaneous cancer, colon intramucosal cancer 10% ▪ Excluding recurrent and metastatic cancers	**20 mil.**	
Surgical Allowance	Surgical operation due to disease or accident which is treated as medically necessary according to the policy provisions. ▪ Lv 1: 100K / Lv 2: 300K / Lv 3: 500K / Lv 4: 1 mil. / Lv 5: 3 mil. ▪ Measures such as suction, paracentesis, nerve block – excluded ▪ Cosmetic surgery, sterilization operation, surgery for diagnostic check - excluded	**100K ~ 3 mil.**	**Employee**
Hospitalization Allowance	In case of hospitalization due to accident or disease, insured amount per day will be paid during the policy period (up to 120 days) ▪ Maternity excluded ▪ Mental disorders, congenital brain disease excluded ▪ Venereal disease, alcoholism, cosmetic surgery excluded	**50K per day**	
Nursing Care	In case of hospitalization due to disease, accident or maternity if applicable to NHI(National Health Insurance), insured amount per day will be paid during the policy period. ▪ Automobile accidents, industrial accidents excluded ▪ Mental and behavioral disorders (F code), congenital diseases (Q code) excluded ▪ Factors affecting health status and access to health services (Z code) excluded ▪ Maternity – O code (O00~O99) covered ▪ Maximum 365 days (National Health Insurance coverage period)	**50K per day**	**Employee Spouse Child**

※ This is a brief summary for review purposes only. Benefits are solely paid according to the insurer's provision.

※ AS: Annual Salary / NHI: National Health Insurance

(Unit: KRW)

<table>
<tr><th>Coverage</th><th>Details</th><th>Insured Amount</th><th>Eligibility</th></tr>
<tr><td>Accident
Disease
Statutory Item</td><td>Statutory item for incurred hospitalization or outpatient (doctor’s visit and prescription) medical expenses due to accident, disease or maternity will be reimbursed as below.
▪ Maternity – only covered for hospitalization treatment (outpatient excluded)
<table><tr><th>Classification</th><th colspan="2">Reimbursement Amount</th></tr><tr><td>Hospitalization</td><td colspan="2">80% of actual incurred medical expense for statutory item</td></tr><tr><td rowspan="4">Outpatient</td><td colspan="2">For each outpatient visit (doctor’s visit + prescription), actually incurred medical expense for statutory items will be reimbursed after applying the below deductible.</td></tr><tr><td>Category</td><td>Deductible</td></tr><tr><td>Clinic/small hospital and pharmacy</td><td>Greater of 10K or 20% of eligible medical expense</td></tr><tr><td>General hospital and pharmacy</td><td>Greater of 20K or 20% of eligible medical expense</td></tr><tr><td colspan="3">▪ Reimburse up to 100K for each outpatient visit (doctor’s visit + prescription)</td></tr></table></td><td>Up to 10 mil. per annum each for Accident and Disease</td><td rowspan="3">Employee
Spouse
Child</td></tr>
<tr><td>Accident
Disease
Non-statutory Item</td><td>Non-statutory item for incurred hospitalization or outpatient (doctor’s visit and prescription) medical expenses due to accident, disease or maternity will be reimbursed as below.
▪ Maternity – only covered for hospitalization treatment (outpatient excluded)
<table><tr><th>Classification</th><th colspan="2">Reimbursement Amount</th></tr><tr><td>Hospitalization</td><td colspan="2">70% of actual incurred medical expense for non-statutory item</td></tr><tr><td>Upper Class Room Expense</td><td colspan="2">50% of the non-statutory item cost (Up to average 100k per day)</td></tr><tr><td rowspan="4">Outpatient</td><td colspan="2">For each outpatient visit (doctor’s visit + prescription), actually incurred medical expense for non-statutory items will be reimbursed after applying the below deductible.</td></tr><tr><td>Category</td><td>Deductible</td></tr><tr><td>Hospital and pharmacy</td><td>Greater of 30K or 30% of eligible medical expense</td></tr><tr><td colspan="3">▪ Reimburse up to 100K for each outpatient visit (doctor’s visit + prescription)
▪ 100 visits max per year</td></tr></table>▪ Non-Statutory: Designated by Minister of Health following the National Health Insurance Act and/or Medical Care Assistance Act (Includes cases where statutory procedures were conducted but with no statutory expense incurred)</td><td>Up to 10 mil. per annum each for Accident and Disease</td></tr>
<tr><td>3 Specific Treatments</td><td>Incurred hospitalization or outpatient medical expenses due to accident or disease for below treatments classified as non-statutory items will be reimbursed as below. (maternity excluded)
<table><tr><th>Non-statutory Treatment</th><th>Deductible</th><th>Reimburse Limit</th></tr><tr><td>Chiropractic, ESWT Prolotherapy</td><td rowspan="3">Greater of 30k or 30% of eligible medical expense</td><td>Up to KRW 3.5mil. per year (50 visits max.)</td></tr><tr><td>Non-statutory injection</td><td>Up to KRW 2.5mil. per year (50 visits max.)</td></tr><tr><td>Non-statutory MRI / MRA</td><td>Up to KRW 3mil. per year</td></tr></table>▪ Chiropractic, ESWT, Prolotherapy: If the first 10 treatments are considered effective, then the treatment may be continued up to Max. 50 treatments in 10 treatment increments.
▪ ESWT: Extracorporeal Shock Wave Therapy</td><td>Refer to Left table</td></tr>
</table>

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2 Claim Procedure and Required Documents

■ Required Documents

Category	Requested Documents	Details	Issuance
General	Claim form	▪ Signature required - If the case is for child under age 19, please also sign the document for parental authority ▪ Details of accident must be written - Accident: Date, time, place, cause, etc. required - Disease: Exact disease name or diagnosis required	Refer to attached form
Surgical Allowance	Confirmation form of surgery	▪ Diagnosis, name of surgery, date of surgery required - Can be replaced with medical certificate or inpatient certification with diagnosis, name of surgery, date of surgery	Hospital
Hospitalization	Medical certificate	▪ Patient name, social ID, hospitalization period, cause (disease name/ disease code) required	
	Detailed medical expense payment form	▪ Requested separately to the hospital's management office	
	Bills for medical treatment	▪ Electronic receipt with statutory/non-statutory items divided - Receipt types not allowed: Payment Sheet for tax deduction, Card receipt, Cash sales receipt, Written receipt	
Outpatient	Documents confirming the disease	▪ For the receipt greater than 100K require one of the following documents - Prescription, medical certificate, medical chart, medical records, doctor's note that includes the name of disease (disease code)	
	Bills for medical treatment	▪ Electronic receipt with statutory/non-statutory items divided - Receipt types not allowed: Payment Sheet for tax deduction, Card receipt, Cash sales receipt, Written receipt - Submit the bills for each date of the treatment	
	Detailed medical expense payment form	▪ Requested separately to the hospital's management office for non-statutory treatments	
	Prescription	▪ Patient copy of doctor's prescription required	
	Receipt for Medicine	▪ Receipt with statutory and non-statutory part divided and with exact payment amount issued by a computer	Pharmacy

■ Contact our appointed Claim Advisory below in case of claims for death, disability, diagnosis

■ Claim Process

Prepare requested documents	→	Fax or Email to Marsh Korea / Mcare Web (www.mcare.co.kr) / Mcare mobile APP	→	Screen documents & calculate benefits	→	Payment within 2 weeks (Working day)
Employee		Employee		Insurer		Insurer

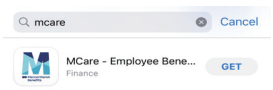
■ Claim & Consultation Center : Marsh Korea

Case	Name	Email	Fax
Claim Advisory	Hyeonyoung Lee	mcare.korea@marsh.com	02) 737-1491
Document Consultation	1577-3739		
Address	(07326) Marsh Korea, Inc. 38fl. Three IFC, Gukjegeumyung-ro 10, Yeongdeungpo-gu, Seoul (MMB Claims)		
Working Hour	**Weekdays** 09:00 ~ 18:00 *(Lunch Hour: 12:00 ~ 13:00)*		

MCare Mobile : Making Claims Submission Easy

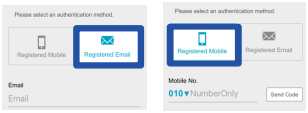
MCare Mobile on the go

Instant access to your health coverage information. Check and submit claims through our photo claims submission tool. The MCare Mobile App can be downloaded from the Apple App Store or Google Play.



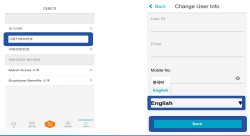
User Registration

If you are a first-time user, you can authenticate the membership using your company's email address or mobile number to register.



Change Language

Please find below '더보기' tap and click '사용자 정보변경' tap.
Please change language '한국어' to English in the '언어' tap and save it to click '저장' button.



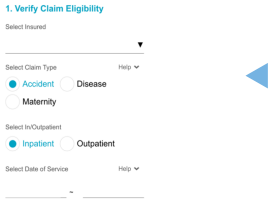
Existing User Login

If you are an existing user, you will be logged in after completing the mobile verification process.
*Text message sent separately for unverified users due to legal name change/foreign citizenship



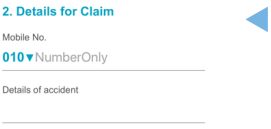
Claims Submission Steps

STEP 1. General Claim Information



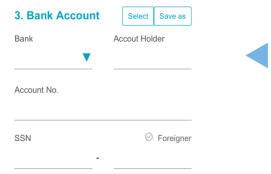
01 Please select the type of treatment and indicate whether inpatient or outpatient. System automatically pulls up relevant coverage for the insured and insurer for claim's eligibility.

STEP 2. Claim Details



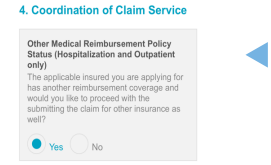
02 Please enter your phone number and detailed cause of your claim.

STEP 3. Bank Information



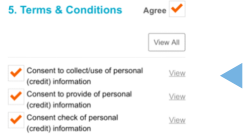
03 Please enter bank information; you can save the information for future claim purposes.

STEP 4. Coordination of Claim Service



04 If you wish to use the Coordination of Claim Service, please be aware of delays as Korea Life Insurance and General Insurance Association will process your application.

STEP 5. Personal Information Consent



05 Please check to consent for processing your personal information.

STEP 6. Signature

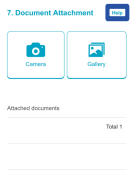


06 Please put a signature of the employee or the claimant.

STEP 7. Data Entry Confirmation

07 The screen will allow you to confirm or make any revisions to the previous steps. Please ensure all the information provided is accurate for submission.

STEP 8. Attach Supporting Documents



08 You can upload claim documents from your photo library or by taking photo. Please touch "Help" for required documents.

※ Please pay close attention to the image quality when taking photos. All the contents should be captured clearly to ensure a smooth claim process and avoid delays of reimbursement.

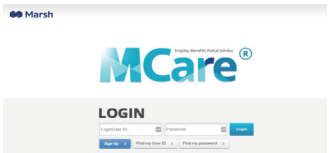
Other Features
Year to Year coverage information by insured
Q&A: Response provided within 24 business hours

MCare Web : Making Claims Submission Easy

Web Address

www.mcare.co.kr

If you access MCare website for the first time, please click the 'user registration' button at the bottom left side to start the user registration.

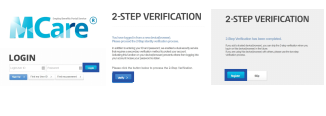


If you are a first-time user, you can authenticate the membership using your company's email address or mobile number to register.



Existing User Login

If you are an existing user, you will be logged in after completing the mobile verification process.
*Text message sent separately for unverified users due to legal name change/foreign citizenship

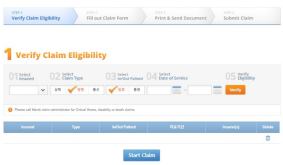


Claims Submission Steps

Select 'Start Claim' button

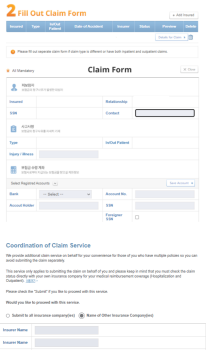


STEP 1. General Claim Information



01 Please select insured, type of treatment and indicate whether inpatient or outpatient. The system automatically pulls up the relevant coverage for the insured and insurer for claim's eligibility.

STEP 2. Claim Details

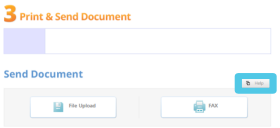


02 Please enter detailed cause of your claim and bank account.

You can save the account information for future claim purposes.

If you wish to use the Coordination of Claim Service, please be aware of delays as Korea Life Insurance and General Insurance Association will process your application.

STEP 3. Print out the claim form and attach supporting documents



03 Put a signature of the employee or the claimant. Scanned claim and supporting documents can be uploaded on the website or faxed them to 02)737-1491.

You must select 'File Upload' or 'Fax' button.

---------- Select 'submitted' to submit claim. ----------

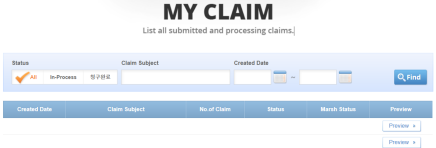
※ Please pay close attention to the image quality when taking photos to ensure a smooth claim process and avoid delays of reimbursement.

Coverage/My Claim

「Coverage」 tab, enables a full view of coverage details for employees and your dependents.



「My Claim」 tap, enables claim list including processing and submitted ones.



3 Important Things to Remember

1) Consent to collect, use, inquire, provide personal information

Marsh, insurers, and any related organizations cannot process claims without insureds' consent to collect, use, inquire, and provide personal information as result of the Personal Information Protection Act (PIPA) that officially came into effect as of September 30, 2011

2) Verify whether National Health Insurance (NHI) applicable treatments for inpatient and outpatient treatment

Bills with only non-statutory items are not eligible for insurance reimbursement. There must be an insurance benefit that applies to NHI. Claims will be paid out for statutory treatments.

3) Definition of 'Single Disease' and 'Single Accident' within specific treatment, inpatient, and outpatient coverage

『Single Disease』	『Single Accident』
▪ Diseases due to one specific cause (Diseases with significant medical connections are regarded as a single disease. A single disease receiving more than two treatments is still considered a single disease) ▪ Complications during a treatment or simultaneous treatments for a newly discovered disease ▪ Hospitalization due to multiple types of diseases with no medical associations with one another	▪ Accidents due to one specific cause (One accident receiving more than two treatments is still considered a single accident) ▪ If a patient receives more than two outpatient treatments in one day or receives more than two prescriptions from a pharmacy, the outpatient treatments are considered one outpatient treatment and the prescriptions are considered one prescription. ▪ In the above case, the deducted sum applies to the highest deducted sum from the repeated visits within the medical institution

4) Guide on medical reimbursement calculation (Statutory/Non-statutory/3 Specific treatment)

Medical coverage reimburses the actual incurred medical cost where the reimbursement will be made proportionately from each medical insurance policy that the insured is enrolled. Duplicate reimbursement is not allowed
(insurance regulation of supervision within the revision of insurance law 10.01.2003)

※ Individuals enrolled in medical expense reimbursement coverage from a different insurance company must directly file medical claims to the applicable insurer.

4 Summary of Exclusions_Medical

1. Common Exclusion Clause

① Medical costs caused by the following reasons:

1. Self-destruction or intentionally self-inflicted injury by the insured. (Except when it is proven that the insured has lost ability to self-determine when such action is taken due to causes such as insanity)
2. Intentionally inflicted injury by the beneficiary on insured. (In case there is multiple beneficiaries, insurance is paid for the other beneficiaries apart from fore-mentioned beneficiary)
3. Intentionally inflicted injury by the policyholder on the insured.
4. Instances when the insured does not follow a doctor's recommendations without a reasonable cause
5. Cases when medical expenses are incurred due to the insured's arbitrary request

② Medical costs caused by the following reasons:

1. Medical expense incurred for using emergency room of a General hospital by whom is not defined as an emergency patient by the Emergency Medical Service Act

2. Statutory Medical Expense Exclusion Clause (Applicable for both Accidental and Disease)

① Statutory item medical expense caused by the following reasons.

1. Coinsurance that can be refunded under 「National Health Insurance Act」 legislations (Maximum cap for self-paid portion of medical expense)
2. Coinsurance that can be refunded by Medical Allowance under 「Medical Care Assistance Act」 (Following maximum on self-paid amount or coinsurance compensation system under 「Medical Care Assistance Act」)

3. Statutory Medical Expense Exclusion Clause (Accidental Only)

① Medical expense caused by the following reasons

1. War, whether declared or undeclared, strikes, riots, civil commotion, hostilities, mutiny, terrorist activities (including biological weapons & chemical warfare), rebellion, insurrection, conspiracy, civil war, revolutions or any warlike operation
2. General pregnancy, childbirth (including Caesarean section) and postnatal treatments for hospitalization or outpatient (O00~O99)

② Professional sports injuries or hazardous sports injuries unless covered for by separate terms.

1. Professional rock or ice wall climbing (involving the use of professional equipment or that needs specific skills, experience, preliminary training), Hand gliding, parachuting, skin diving, boating, paragliding
2. Riding or driving in any kind of race, rally or competition with a power boat, automobile. Test drives are covered only when it's on official tracks
3. Vessel crew, fisher, boatman or any type of job-related travel on boat

③ Medical expense caused by the following reasons

1. Medical related expense insured by Car insurance (including deductibles) or medical expense insured under worker's compensation insurance. Actual self-paid medical expense, however, is insured under Accidental Statutory Expense cover.

4. Statutory Medical Expense Exclusion Clause (Disease Only)

① The following treatments in accordance with the Korean Standard Classification of Disease (KCD)

1. Mental and behavioral disorders (F04-F99), except statutory item medical expense for treatments F04-F09, F20-F29, F30-F39, F40-F48, F51, F90-F98 applicable to National Health Insurance (NHI)
2. Habitual abortion due to non-inflammatory disorder of uterus, infertility treatment or any complications associated with artificial fertilization (N96-N98).
3. Congenital malformations of brain (Q00-Q04), except when the insured is pre-natal when first insured
4. Urinary incontinence (N39.3, N39.4, R32)

② NHI medical expense caused by the following reasons

1. Hormone injection
2. Medical expense insured under worker's compensation insurance. However, self-paid medical expense is covered for.
3. Any investigation, test or treatment related to infection by HIV (Human Immune Deficiency Virus). Except when it

is objectively proved by medical records that the infection was caused by blood transfusion during medical treatment.

③ General pregnancy, childbirth (including Caesarean section) and postnatal treatments

1. Infertility tests or treatments, amniotic fluid test, congenital anomaly test, gestational anemia, nutritional supplements, expense for postnatal care center
2. Outpatient treatment

5. Non-Statutory Medical Expense Exclusion (Applicable to Accident, Disease, and Specific Treatments)

① Medical expense caused by the following reasons.

1. Expense for nutritional supplements, vitamins, and other pharmaceutical expenses. However, medication used for treatment of accidents that are covered under the terms and included below will be covered.
   1) Usage of medication following permitted articles or reported facts (effects, usage, dosage etc.) under the Pharmaceutical Law
   2) NHI medication used as non-NHI medication under a separate standard stated by related legislations and acts
   3) NHI medication used through non-NHI usage permission process and used in accordance with the approval
   4) Any mixture of medication mentioned above in 1) and 3). (Any medication that does not fulfil the conditions of either 1) or 3) is excluded.
2. Expenses related to hormone Injections, injections for self-protection, sanitary aid.
3. Dentures, prosthetic arm/leg, artificial eye, glasses, lenses, hearing aids, walking aids, arm slings or other expense purchasing/repairing medical equipment (except artificial internal organ)
4. Any treatment or test which is not related to a specific symptom and/or disease (ex. TV subscription fee, phone bills, cost issuing medical certificates, nursing fee, etc.)
5. Overseas treatment outside of geographical limits (outside of Korea)

② Following non-statutory treatment.

1. Medical expenses on treatments for which do not cause serious problems in daily life or business
   1. Curing of plain fatigue or tiredness
   2. Curing dermatopathy such as freckles, hairiness, hairless, poliosis, rhinophyma, mole, warts and corns, acne, hair loss by aging**,** birthmarks (congenital types of araneus naevus(Q82.5) will be covered for a new born child of an active employee,)
   3. Sexual dysfunctions: Impotence or frigidity
   4. Cure of snoring (except for treatment of sleep apnea G47.3)
   5. Routine and ritual circumcision (phimosis)
   6. Ophthalmologic Disease such as pinguecula
   7. Treatments of which do not cause serious problems in daily life or business
2. Following cosmetic treatment or surgery not conducted for improvement of bodily function hindered due to injury, accident
   1. Double-eyelid surgery, Plastic Surgery, Breast augmentation (except breast reconstruction for breast cancer patient) and reduction, liposuction, rhytidoplasty etc. classified as cosmetic purpose and expense for its aftereffect treatments
   2. Squint eye correction or ocular hypertelorism classified as for appearance improvement
   3. Orthodontics
   4. Cosmetic purposed facial correction (not intended to improve oral or verbal functions)
   5. Cosmetic purposed contracture plastic surgery without restrictive joint movement
   6. Eyesight correction surgery to substitute glasses or lenses (Surgical Methods or materials not classified as NHI is considered as eyesight correction)
   7. Treatment or appointment for height growth not purposed for treatment of disease
   8. Cosmetic purposed varicose vein surgery
   9. Other surgeries for appearance improvement that falls under non-NHI treatment
3. Non-statutory preventive treatment not intended to treat accident or disease
   1. Medical Check-up by one's will (Additional medical expense incurred due to the result of medical check-up is covered)
   2. Vaccination (Vaccines such as tetanus injection used for treatment purpose is covered)
   3. Other preventive treatment that falls under non-NHI treatment
4. Non-statutory Treatments with difficulties to be recognized as NHI covered treatments under the insurance benefit policy or collides with the principles of NHI.
   1. Paternity test

2. Medical treatment related to sterility, restorative surgery
3. Supplementary reproductive (including internal/external fertilization)
4. Expense for artificial abortion (Abortion followed by doctor's advice due to result of accident or disease covered by insurance is covered)
5. Expenses with uncertainty regarding financial or economical basis included as non-statutory treatment.

6. Non-Statutory Medical Expense Exclusion (Accident Only)

① Medical expense caused by the following reasons

1. War, whether declared or undeclared, strikes, riots, civil commotion, hostilities, mutiny, terrorist activities (including biological weapons & chemical warfare), rebellion, insurrection, conspiracy, civil war, revolutions or any warlike operation
2. General pregnancy, childbirth (including Caesarean section) and postnatal treatments for hospitalization or outpatient (O00~O99)
3. Incurred treatment costs where the insured does not follow doctor's instruction without a reasonable reason while hospitalized or expense incurred from being wilfully hospitalized even though the doctor acknowledged outpatient treatment is possible.

② Professional sports injuries or hazardous sports injuries unless covered for by separate terms.

1. Professional rock or ice wall climbing (involving the use of professional equipment or that needs specific skills, experience, preliminary training), Hand gliding, parachuting, skin diving, boating, paragliding
2. Riding or driving in any kind of race, rally or competition with a power boat, automobile. Test drives are covered only when it's on official tracks
3. Vessel crew, fisher, boatman or any type of job-related travel on boat

③ Medical expense caused by the following reasons

1. Medical related expense insured by Car insurance (including deductibles) or medical expense insured under worker's compensation insurance. Actual self-paid medical expense, however, is insured under Accidental Statutory Expense cover.
2. Dental treatment (Medical cost for facial fracture is covered excluding dental treatments), Oriental medicine treatment (Medical procedure by doctors, non-inclusive of oriental doctors, is covered for) that are classified as non-statutory under the NHI

7. Non-Statutory Medical Expense Exclusion (Disease Only)

① Medical expense caused by the following reasons.

1. Incurred treatment costs where the insured does not follow doctor's instruction without a reasonable reason while hospitalized or expense incurred from being wilfully hospitalized even though the doctor acknowledged outpatient treatment is possible.

② The following treatments in accordance with the Korean Standard Classification of Disease (KCD)

1. Mental and behavioral disorders (F04~F99)
2. Habitual abortion due to non-inflammatory disorder of uterus, infertility treatment or any complications associated with artificial fertilization (N96-N98).
3. Congenital malformations of brain (Q00～Q04)
4. Obesity (E66)
5. Urinary incontinence (N39.3, N39.4, R32)
6. Non-statutory treatment related to rectum or anus disease (I84, K60-K62, K64)

③ Following non-statutory expense.

1. Medical expense insured under worker's compensation insurance. However, self-paid medical expense is covered for.
2. Any investigation, test or treatment related to infection by HIV (Human Immune Deficiency Virus). Except when it is objectively proved by medical records that the infection was caused by blood transfusion during medical treatment.
3. Dental treatment (K00～K08), Oriental medicine treatment (Medical procedure by doctors, non-inclusive of oriental doctors, is covered for) that are classified as non-statutory under the NHI

④ General pregnancy, childbirth (including Caesarean section) and postnatal treatments

1. Infertility tests or treatments, amniotic fluid test, congenital anomaly test, gestational anemia, nutritional supplements, expense for postnatal care center
2. Outpatient treatment

8. Specific Treatment Exclusion

① Non-NHI Medical expense caused by the following reasons.

1. War, whether declared or undeclared, strikes, riots, civil commotion, hostilities, mutiny, terrorist activities (including biological weapons & chemical warfare), rebellion, insurrection, conspiracy, civil war, revolutions or any warlike operation

② Professional sports injuries or hazardous sports injuries unless covered for by separate terms

1. Professional rock or ice wall climbing (involving the use of professional tools or that needs specific skills, experience, preliminary training), Hand gliding, parachuting, skin diving, boating, paragliding
2. Riding or driving in any kind of race, rally or competition with a power boat, automobile. Test drives are covered only when it's on official tracks
3. Vessel crew, fisher, boatman or any type of job-related travel on boat

③ The following treatments in accordance with the Korean Standard Classification of Disease (KCD)

1. Mental and behavioral disorders (F04~F99)
2. Habitual abortion due to non-inflammatory disorder of uterus, infertility treatment or any complications associated with artificial fertilization (N96-N98).
3. Congenital malformations of brain (Q00～Q04)
4. Obesity (E66)
5. Urinary incontinence (N39.3, N39.4, R32)
6. Non-statutory treatment related to rectum or anus disease (I84, K60-K62, K64)
7. General pregnancy, childbirth (including Caesarean section) and postnatal treatments for hospitalization or outpatient (O00~O99)

④ Following non-statutory expense is excluded.

1. Medical related expense insured by Car insurance (including deductibles) or medical expense insured under worker's compensation insurance. However, self-paid medical expense is covered for.
2. Any investigation, test or treatment related to infection by HIV (Human Immune Deficiency Virus). Except when it is objectively proved by medical records that the infection was caused by blood transfusion during medical treatment
3. Dental treatment (Medical cost for facial fracture is covered excluding dental treatments, and medical cost incurred by disease unrelated to K00~K08 is covered.), Oriental medicine treatment (Medical procedure by doctors, non-inclusive of oriental doctors, is covered for) that are classified as non-statutory under the NHI

※ The above is only a summary of the provision. Please refer to the group insurance provision for further details. Korean version of the manual is prior to this translated version.



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