MARSH

Adobe Systems Korea
2026 Group Insurance Manual



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1

Group Insurance Coverage

- **Policy Period** From August 05, 2026 to August 05, 2027 (1 year)
- **Insurer** Kyobo Life Insurance
- **Benefit Details**

(Unit: KRW)

Coverage	Detailed Benefits	Insured Amount	Eligible
Accidental Death	Death as a direct result of accident	AS x 3 (max. 1bil)	Employee
Accidental Disability	Permanent disability as a direct result of accident ▪ 100% ~ 3% of insured amount according to disability degree	AS x 3 (max. 1bil)	
Disease Death with over 80% disability	Death or over 80% of disability as a result of disease	AS x 3 (max. 1bil)	
2 Critical Illness Diagnosis	Diagnosis defined as cerebral haemorrhage or acute myocardial infarction (1st time)	20mil	Employee Spouse
Cancer Diagnosis	Diagnosis defined as cancer (1st time) ▪ Thyroid cancer, borderline tumor: 30% ▪ Carcinoma in situ, other cutaneous cancer, colon carcinoma in situ: 10%	20mil	
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 ~ 3mil	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 / day	
Nursing Care	In case of hospitalization due to disease, accident or maternity if applicable to NHI, insured amount per day will be paid during the policy period (up to 365 days max, period of NHI) ▪ Excluding automobiles, industrial accidents, mental and behavioral disorders (F code), congenital diseases (Q code), etc. ▪ Excluding factors affecting health status and access to health services (Z code) ▪ Maximum 365 days (National Health Insurance coverage period) limit	50K / day	Employee Spouse Child

<table>
<tr><th>Coverage</th><th>Detailed Benefits</th><th>Insured Amount</th><th>Eligible</th></tr>
<tr><td>Medical
NHI Statutory
Expenses</td><td>NHI Statutory medical expenses incurred due to Accident or Disease for Hospitalization or Outpatient (Doctor’s Visit + Prescription) will be reimbursed as below. (Maternity inpatient & outpatient covered),
<table>
<tr><th>Category</th><th colspan="2">Reimbursable Amount</th><th>Insured Limit</th></tr>
<tr><td>Hospitalization</td><td colspan="2">80% of eligible medical expense for NHI Statutory items</td><td rowspan="4">Total Limit (Inpatient + Outpatient): 30mil per annum

Outpatient Limit Up to 150K per visit</td></tr>
<tr><td rowspan="3">Outpatient</td><td colspan="2">For each outpatient visit (Doctor’s Visit + Prescription), eligible medical expenses for NHI Statutory items will be reimbursed, after applying the deductible below.</td></tr>
<tr><td>Category</td><td>Deductible</td></tr>
<tr><td>Clinics/Hospitals and Pharmacies</td><td>The Greatest of: 10K, or 20% of eligible medical expense, or eligible medical expense multiplied by the *NHI Co-Payment Ratio</td></tr>
<tr><td>General Hospital, Tertiary General Hospitals and Pharmacies</td><td>The Greatest of: 10K, or 20% of eligible medical expense, or eligible medical expense multiplied by the *NHI Co-Payment Ratio</td></tr>
</table>
*NHI Co-Payment Ratio = NHI Statutory Out-of-pocket Expense / NHI Statutory Total Medical Expense (NHI-covered + NHI Statutory Out-of-pocket)</td><td></td></tr>
<tr><td>Medical
NHI Non-Statutory
Expenses
Severe</td><td>NHI Non-Statutory medical expenses incurred due to Accident/Disease that qualifies for the “NHI’s Co-payment Reduction Program for Patients with Severe Diseases” for Hospitalization or Outpatient (Doctor’s Visit + Prescription) will be reimbursed as below. (Maternity not covered)
<table>
<tr><th>Category</th><th colspan="3">Reimbursable Amount</th><th>Insured Limit</th></tr>
<tr><td>Hospitalization</td><td colspan="3">70% of eligible medical expense for NHI Non-statutory items
▪ For hospitalization(inpatient) at General Hospital or higher level, the insureds' deductible is capped at KRW 5mil.</td><td rowspan="5">Total Limit (Inpatient + Outpatient): 30mil per annum

Outpatient Limit Up to 150K per visit

Outpatient: max 100 visits per year</td></tr>
<tr><td>Upper Room & Board Expense</td><td colspan="3">50% of the NHI Non-statutory Room&Board Expenses for higher-grade room (Up to average 100K per day)</td></tr>
<tr><td rowspan="3">Outpatient</td><td colspan="3">For each outpatient visit (Doctor’s Visit + Prescription), eligible medical expense for NHI Non-statutory items will be reimbursed, after applying the deductible below.</td></tr>
<tr><td colspan="2">Category</td><td>Deductible</td></tr>
<tr><td colspan="2">All Hospitals and Pharmacies</td><td>Greater of KRW 30k or 30% of eligible medical expense</td></tr>
<tr><td rowspan="4">Specific Treatments

(Severe cases)</td><td colspan="4">For both inpatient and outpatient, eligible medical expense of NHI Non-statutory will be reimbursed after applying the deductible below.</td></tr>
<tr><td colspan="2">Category</td><td>Deductible</td><td>Annual Limit</td></tr>
<tr><td colspan="2">*Musculoskeletal Physiotherapy, Extracorporeal ShockWave Therapy (ESWT)</td><td rowspan="3">Greater of 30k or 30% of eligible medical expenses</td><td>Up to 3.5mil (50 visits max)</td></tr>
<tr><td colspan="2">NHI Non-statutory Injections (Shot)</td><td>Up to 2.5mil (50 visits max)</td></tr>
<tr><td colspan="2">NHI Non-statutory MRI/MRA</td><td>Up to 3mil</td></tr>
</table>
- Diseases eligible for the “NHI's Co-payment Reduction Program for Patients with Severe Diseases”: Diseases subject to co-payment reductions under Articles 4 through 5-3 of the [Criteria for Severe Disease Co-payment Reduction (Notification by the Ministry of Health and Welfare)]. (cancer, cerebrovascular diseases, heart diseases, rare diseases, severe intractable diseases, severe burns, severe trauma, tuberculosis, latent tuberculosis, etc.)
* Musculoskeletal physical therapy: All medical procedures performed to improve functions and reduce pain of musculoskeletal diseases among the NHI non-statutory list in the [List of NHI Statutory and Non-Statutory items and Relative Value Scores for NHI Statutory items]. (e.g., Functional Intramuscular Stimulation Therapy (FIMS), Stretching Spray, Prolotherapy, Non-invasive Pain Signal Therapy, etc.)</td><td>Employee
Spouse
Child</td></tr>
</table>

Medical
NHI Non-Statutory Expenses
Non-Severe

NHI Non-Statutory medical expenses incurred due to Accident/Disease other than those qualifying for the “NHI’s Co-payment Reduction Program for Patients with Severe Diseases” for Hospitalization or Outpatient (Doctor’s Visit + Prescription) will be reimbursed as below. (Maternity cover is for employee and spouse. Maternity inpatient is covered and outpatient not covered).

Category	Reimbursable Amount		Insured Limit
Hospitalization	50% of eligible medical expense for NHI Non-statutory items		Total Limit (Inpatient + Outpatient): 6mil. per annum Outpatient Limit: Up to KRW 150K per each day Outpatient: max 100 days per year
Upper Room & Board Expense	50% of the NHI Non-statutory Room&Board Expenses for higher-grade room (Reimbursable up to average 100K per day)		
Outpatient	For each outpatient visit (Doctor’s Visit + Prescription), eligible medical expense for NHI Non-statutory items will be reimbursed, after applying the deductible below.		
	Category	Deductible	
	All Hospitals and Pharmacies	Greater of 50k or 50% of eligible medical expense (per each day)	
Specific Treatments (Non-Severe cases)	For both inpatient and outpatient, eligible medical expense of NHI Non-statutory MRI/MRA will be reimbursed after applying the deductible below. (maternity excluded)		
	Category	Deductible	Annual Limit
	NHI Non-statutory MRI/MRA	Greater of 50k or 50% of eligible medical expense	Up to 2mil

Musculoskeletal Physiotherapy, ESWT and NHI Non-statutory Injections are excluded for ‘Non-severe’ cases.

* This is a brief summary for review purposes only. Benefits are solely paid according to insurer’s provision.
* AS: Annual Salary

※ Medical Product Revision

4th Generation Medical → **5th Generation Medical**

Category		Coinsurance	Insured Amount
Statutory	Accident	Inpatient : 20% Outpatient: Max[20%, 10K/20K	10mil per annum (100K per outpatient)
	Disease		
Non-Statutory	Accident	Inpatient: 30% Outpatient: Max[30%, 30K]	10mil per annum (100K per outpatient)
	Disease		
	3 Specific Treatment	Max[30%, 30K]	Chiropractic / ESWT / prolotherapy: 3.5mil. (50 visits) Injections: 2.5mil. (50 visits) MRI/MRA: 3mil.

Category		Coinsurance	Insured Amount
Statutory	Accident	Inpatient : 20% Outpatient : Max[20%, 10K/20K, NHI Co-Payment Ratio*]	30mil per annum (150K per outpatient)
	Disease		
Severe Non-Statutory	Accident	Inpatient: 30% Outpatient: Max[30%, 30K]	30mil per annum (150K per outpatient)
	Disease		
	3 Specific Treatments	Max[30%, 30K]	Musculoskeletal physical therapy· ESWT: 3.5mil. (50 visits) Injections: 2.5mil. (50 visits) MRI/MRA : 3mil.
Non-Severe Non-Statutory	Accident	Inpatient: 50% Outpatient: Max[50%, 50K]	6mil per annum (150K outpatient per day) * Max 3mil. limit per admission at clinic/hospital
	Disease		
	MRI/MRA	Max[50%, 50K]	2mil

In accordance with the Financial Supervisory Service's reform of medical product (Statutory, Non-Statutory, Specific Treatment), group insurance medical cover (Statutory, Non-Statutory, Specific Treatment) will be changed to 5th Generation Medical from August 5, 2026.

[Key Changes]

1. Statutory Medical: Outpatient coinsurance subject to 'NHI Co-Payment Ratio'.

$$\text{*NHI Co-Payment Ratio} = \frac{\text{NHI Statutory Out-of-pocket Expense}}{\text{NHI Statutory Total Medical Expense (NHI-covered + NHI Statutory Out-of-pocket)}}$$

2. Structural change to the Non-Statutory Medical. 5th Generation separates non-statutory medical to 'Severe'
   and 'Non-Severe' covers. Only the 'Severe' Non-Statutory cover includes 3 Specific Treatment. 'Non-Severe' Non-Statutory only covers MRI/MRA (excludes Musculoskeletal physical therapy, EWST, non-statutory injection).

3. Severe' is determined by "NHI's Co-payment Reduction Program for Patients with Severe Diseases"
   Major "Severe" Cases:
   Cancer, Cerebrovascular Disease, Heart Disease, Rare and Intractable Diseases, Severe Trauma, and etc.

4. Musculoskeletal Physiotherapy: All therapeutic procedures performed to improve function and reduce pain related to musculoskeletal disorders that are classified as non-benefit items under the "Health Insurance Benefit and Non-Benefit Item List and Relative Value Scale."

   (Examples include: FIMS (Functional Intramuscular Stimulation), spray-and-stretch therapy, manual therapy, prolotherapy, non-invasive painless signal therapy, etc.)

2

Claim Procedure and Required Documents

■ Required Documents for Claim Submission

Case	Requested Document	Details	Issue
General	Claim form	▪ Signature required ▪ 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 withdiagnosis, name of surgery, date of surgery	Hospital
Hospitalization	Medical certificate	▪ Patient name, social ID, hospitalization period, cause If there is no exact diagnosis, please attach the medical certificate	
	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	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	
	Prescription	▪ Patient copy of prescription required	
	Receipt for Medicine	▪ Receipt with statutory and non-statutory part divided and with exact payment amount issued by a computer	Pharmacy

■ Please contact our appointed Claim Advisory below in case of claims for death or disability

■ Claim Process

Prepare requested forms/documents	▶	Fax or Email or MCare Web (www.mcare.co.kr) or MCare mobile App to Marsh Korea	▶	Screen documents & calculate benefit	▶	Payment within 2 Weeks (working day)
Employee		Employee		Insurer		Insurer

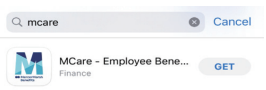
■ Claim Submission and Consultation: Marsh Korea

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

MCare Mobile : Making Claims Submission Easy

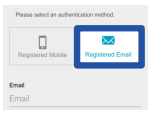
MCare Mobile on the go

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.



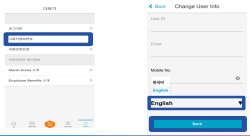
User Registration

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



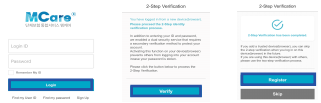
Change Language

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.



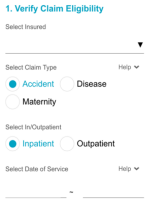
Existing User Login

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



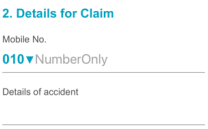
Claims Submission Steps

STEP 1. General Claim Information



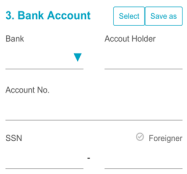
01 Please select the type of treatment and indicate whether inpatient or outpatient. System automatically pulls up relevant coverage for the insured and insurer for claim's eligibility.

STEP 2. Claim Details



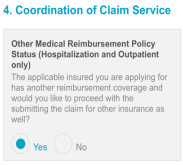
02 Please enter your phone number and detailed cause of your claim.

STEP 3. Bank Information



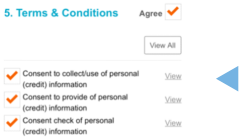
03 Please enter bank information; you can save the information for future claim purposes.

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

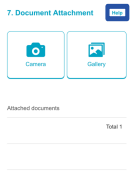


06 Please put a signature of the employee or the claimant.

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.

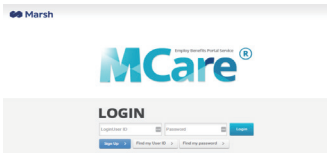
※ Please pay close attention to the image quality when taking photos. All the contents should be captured clearly to ensure a smooth claim process and avoid delays of reimbursement.

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

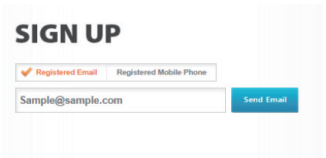
MCare Web : Making Claims Submission Easy

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 to register.



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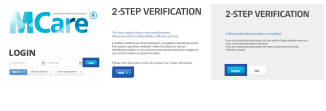
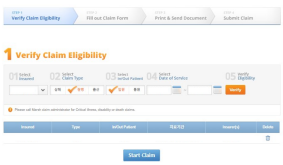


Claims Submission Steps

Select 'Start Claim' button

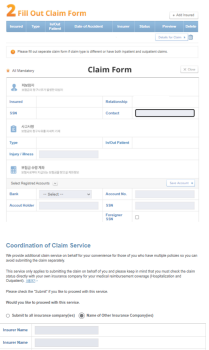


STEP 1. General Claim Information



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

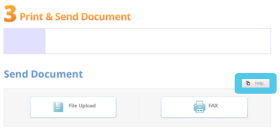


02 Please enter detailed cause of your claim and bank account.

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. ----------

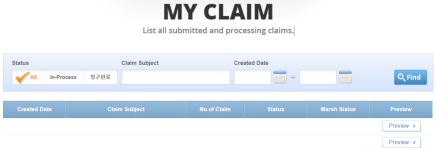
※ Please pay close attention to the image quality when taking photos to ensure a smooth claim process and avoid delays of reimbursement.

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) 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 reimbursement)

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.NHI Statutory Expenses Exclusion Clause (Accidental and Disease Common)

① Statutory 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. Nursing Expenses
4. Medical expenses incurred from outpatient (outpatient visits and prescription dispensing) among NHI-statutory medical expenses, where the patient's copayment rate for medical care benefits is 100 out of 100 (100%) pursuant to Article 16 of the Enforcement Rules of the National Health Insurance Act, and the patient's copayment rate for medical care assistance expenses is 100 out of 100 (100%, fully borne by the patient) pursuant to Article 13 and Appended Table 1 of the Enforcement Decree of the Medical Care Assistance Act.

3. NHI Statutory Expenses Exclusion Clause (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 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 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.NHI Statutory Expenses Exclusion Clause (Disease only)

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

1. Mental and behavioural disorders (F04-F99), except statutory medical expense by treatments F04-F09, F20-F29, F30-F39, F40-F48, F51, F90-F98 covered by 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)
4. Urinary incontinence (N39.3, N39.4, R32)

② NHI Statutory medical expense caused by the following reasons.

1. Fully self-paid expense due to growth 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.

5. NHI Non- Statutory Expenses Exclusion Clause (Severe Accidental, Severe Disease, Severe 3 specific treatments, non-severe accidental, Non-Severe Disease, Non-Severe MRI/MRA)

① Medical expense caused by the following reasons.

1. Expenses related to hormone Injections, injections for self protection, sanitary aid.
2. 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)
3. 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.)
4. Overseas treatment outside of geographical limits (outside of Korea)
5. Medical expense incurred for using emergency room of a General hospital who is not defined as an emergency patient by the Emergency Medical Service Act
6. Where a medical technology reassessment conducted under the [Regulations on the Assessment of New Medical Technologies], etc., concludes that the technology 'poses higher risks than clinical benefits, has extremely low medical necessity, clinical demand, and utility,' or is 'not recommended,' and at least 2 months have elapsed since such results were disclosed on the website of the National

Evidence-based Healthcare Collaborating Agency (NECA), established pursuant to Chapter 4 and relevant provisions of the [Health and Medical Technology Promotion Act]

② Following non-NHI 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

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 orthognathic 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-NHI 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-NHI 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-NHI treatment.

5. Hospitalization Dental Expense exclusion

1. Medical expenses for dental prosthesis, preservation, brass crowns, dentures and implants

6. Hospitalization Oriental treatment exclusion

1. Acupuncture performed for the purpose other than treating diseases such as oriental physical therapy (manipulation therapy, electronic therapy, thermotherapy, etc.), car motion sickness, smoking cessation, obesity

2. Medication and patch for simple health promotion, not for therapeutic purposes

6. Severe Non-Statutory Medical Expense Common Exclusion (Accidental, Disease, 3 Specific Disease)

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. Any of the following medical technologies used in a manner inconsistent with the purpose, target patients, or clinical procedures notified by the Minister of Health and Welfare pursuant to medical laws and regulations:

1.「Notification on the Safety and Effectiveness Evaluation Results of New Medical Technology」[Appended Table 1] (Excluding cases where changes to the purpose or clinical procedures are minor and thus do not require a new assessment);

2.「Notification on New Medical Technology Subject to Suspended Assessment」[Appended Table]; New Medical Technology Subject to Suspended Assessment

3.「Notification on the Safety and Effectiveness Evaluation Results of New Medical Technology」[Appended Table 3] Innovative Medical Technologies;

4.「Notification on the Safety and Effectiveness Evaluation Results of New Medical Technology」[Appended Table 3] Innovative Medical Technologies.

3. Advanced regenerative medicine treatment used outside the scope of approval determined as appropriate by the Deliberation Committee pursuant to Article 12-2 of the「Act on the Safety of and Support for Advanced Regenerative Medicine and Advanced Biopharmaceuticals」.

7. Severe Non-Statutory Medical Expense Exclusion (Accidental)

① Following non-NHI treatment.

1. General pregnancy, childbirth (including C-section) and postnatal treatments.

2. 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

3. Cases when medical expenses are incurred due to the insured's arbitrary request

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 Following Medical Expenses.
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. Dental treatment (Medical Cost for Facial Fracture is covered for 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

8. Severe Non-Statutory Medical Expense Exclusion (Disease)

① Medical expense caused by the following reasons..
1. Instances when the insured does not follow a doctor's recommendations without a reasonable cause
2. Cases when medical expenses are incurred due to the insured's arbitrary request
② The following treatments in accordance with the Korean Standard Classification of Disease (KCD)
1. Mental and behavioural 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. General pregnancy, childbirth (including C-section) and postnatal treatments. (O00~O99)
4. Congenital malformations of brain (Q00 ~ Q04)
5. Obesity(E66)
6. Urinary incontinence (N39.3, N39.4, R32)
7. Non-NHI treatment related to rectum or anus disease (I84, K60-K62, K64)
③ Following non-NHI 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

9. Severe Non-Statutory Medical Expense Exclusion (3 specific treatments)

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 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 behavioural 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. General pregnancy, childbirth (including C-section) and postnatal treatments. (O00~O99)
4. Congenital malformations of brain (Q00 ~ Q04)
5. Obesity(E66)
6. Urinary incontinence (N39.3, N39.4, R32)
7. Non-NHI treatment related to rectum or anus disease (I84, K60-K62, K64)
④ Following non NHI 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 for excluding dental treatments, dental treatment except for 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

10. Non-Severe Non-Statutory Medical Expense Common Exclusion (Accidental, Disease, MRI/MRA)

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. (However, expenses incurred for procedures, medicines, and medical supplies used during injection therapy are not covered, excluding anticancer drugs, antibiotics, and orphan drugs.)
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 incurred for medical procedures and treatment materials notified by the Minister of Health and Welfare as safe and effective new medical technologies under Article 3 (13) 1 of 「the Rules on the Evaluation of New Medical Technologies」, but not yet determined or notified as eligible for National Health Insurance coverage (medical care benefits) or non-coverage under Article 11 (1) or Article 13 (1) of 「the Rules on the Criteria for National Health Insurance Medical Care Benefits. 」

3. Expenses incurred for limited medical technologies under Article 3 (13) 2 of 「the Rules on the Evaluation of New Medical Technologies」.

4. Expenses incurred for innovative medical technologies under Article 3 (13) 3 of 「the Rules on the Evaluation of New Medical Technologies」.

5.Expenses incurred for medical technologies subject to deferred evaluation and immediate-entry medical technologies under Article 2 of 「the Rules on the Evaluation of New Medical Technologies」.

6.Cases where a new medical technology under Article 53 of the 「Medical Service Act」 is used outside its legally approved scope, purpose, or procedure methods (excluding cases where changes to the purpose and procedure methods are minor and thus do not require a new evaluation of the new medical technology).

7.Expenses incurred for procedures, medicines, and medical supplies used in injection therapy, excluding anticancer drugs, antibiotics, and orphan drugs.

8. All medical expenses incurred for musculoskeletal physiotherapy (e.g., procedure fees, treatment materials, medicines, and injection fees).

9. All medical expenses incurred for extracorporeal shock wave therapy (ESWT) (e.g., procedure fees, treatment materials, medicines, and injection fees)

② Medical expense caused by the following reasons.

1. Expenses incurred for treatments designated as non-coverage items under [Attached Table 2 of the Rules on the Criteria for National Health Insurance Medical Care Benefits] based on other laws and regulations, rather than the [National Health Insurance Act], [Medical Service Act], [Pharmaceutical Affairs Act], [Act on Safety and Support for Advanced Regenerative Medicine and Advanced Biopharmaceuticals], [Act on Organ Transplantation, Etc.], [Narcotics Control Act], or [Act on Hospice and Palliative Care and Decisions on Life-Sustaining Treatment for Patients at the End of Life], despite not being determined or notified as eligible for coverage (medical care benefits) or non-coverage under Article 11 (1) or Article 13 (1) of the [Rules on the Criteria for National Health Insurance Medical Care Benefits].

11. Non-Severe Non-Statutory Medical Expense Exclusion (Accidental)

① Following non-NHI treatment.

1. General pregnancy, childbirth (including C-section) and postnatal treatments.

2. 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

3. Cases when medical expenses are incurred due to the insured's arbitrary request

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 Following Medical Expenses.

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. Dental treatment (Medical Cost for Facial Fracture is covered for 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

12. Non-Severe Non-Statutory Medical Expense Exclusion (Disease)

① Following non-NHI treatment.

1. Cases when medical expenses are incurred due to the insured's arbitrary request

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-NHI treatment related to rectum or anus disease (I84, K60-K62, K64)

③ Following non-NHI treatment..

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 C-section) and postnatal treatments:

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

13. Non-Severe Non-Statutory Medical Expense Exclusion (MRI/MRA)

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 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 behavioural 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. General pregnancy, childbirth (including C-section) and postnatal treatments. (O00~O99)
4. Congenital malformations of brain (Q00 ~ Q04)
5. Obesity(E66)
6. Urinary incontinence (N39.3, N39.4, R32)
7. Non-NHI treatment related to rectum or anus disease (I84, K60-K62, K64)

④ Following non NHI 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 for excluding dental treatments, dental treatment except for 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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