

HIMALAYAN GENERAL INSURANCE CO.LTD.

BABARMAHAL, P.O.BOX 148, KATHMANANDU, NEPAL
Tel : 4231788 / 4213014, Fax : 4241517, Email : ktm@hgi.com.np

OVERSEAS MEDICLAIM & TRAVEL INSURANCE

PLATINUM PLAN- PLAN - 'A' (World wide EXCLUDING USA & CANADA)

Age band	Medical Only - A to C		
	5 - 40	41 - 60	61 - 70
PERIOD	US\$	US\$	US\$
DAY 1 - 7	34	40	52
DAY 8 - 14	43	46	60
DAY 15 - 21	46	52	65
DAY 22 - 28	48	55	72
DAY 29 - 35	56	61	83
DAY 36 - 47	62	67	95
DAY 48 - 60	68	75	107
DAY 61 - 75	82	90	132
DAY 76 - 90	95	106	155
DAY 91 - 120	152	165	245
DAY 121 - 147	185	202	292
DAY 148 - 180	227	247	371
Annual Multi Trip			
Maximum Any One Trip 31 Days	139.00	153.00	248.00

Age band	Package Policy - A to N		
	5 - 40	41 - 60	61 - 70
PERIOD	US\$	US\$	US\$
DAY 1 - 7	38	44	60
DAY 8 - 14	47	50	71
DAY 15 - 21	50	54	76
DAY 22 - 28	53	59	83
DAY 29 - 35	63	69	95
DAY 36 - 47	70	77	110
DAY 48 - 60	81	88	131
DAY 61 - 75	98	108	151
DAY 76 - 90	115	129	177
DAY 91 - 120	190	198	294
DAY 121 - 147	225	236	361
DAY 148 - 180	281	298	438
Annual Multi Trip			
Maximum Any One Trip 31 Days	158.00	172.00	283.00

PLAN - 'B' (World wide INCLUDING USA & CANADA)

Age band	Medical Only - A to C		
	5 - 40	41 - 60	61 - 70
PERIOD	US\$	US\$	US\$
DAY 1 - 7	54	75	98
DAY 8 - 14	75	99	108
DAY 15 - 21	81	105	114
DAY 22 - 28	86	119	130
DAY 29 - 35	101	135	151
DAY 36 - 47	117	162	182
DAY 48 - 60	162	232	259
DAY 61 - 75	226	331	369
DAY 76 - 90	270	395	442
DAY 91 - 120	373	552	619
DAY 121 - 147	490	731	822
DAY 148 - 180	707	840	975
Annual Multi Trip			
Maximum Any One Trip 31 Days	253.00	339.00	450.00

Age band	Package Policy - A to N		
	5 - 40	41 - 60	61 - 70
PERIOD	US\$	US\$	US\$
DAY 1 - 7	67	92	108
DAY 8 - 14	85	115	127
DAY 15 - 21	90	122	135
DAY 22 - 28	99	140	153
DAY 29 - 35	118	163	181
DAY 36 - 47	137	196	218
DAY 48 - 60	192	281	312
DAY 61 - 75	272	400	448
DAY 76 - 90	326	479	538
DAY 91 - 120	453	673	757
DAY 121 - 147	599	893	1006
DAY 148 - 180	865	1065	1193
Annual Multi Trip			
Maximum Any One Trip 31 Days	293.00	405.00	550.00

THE ABOVE RATE IS APPLICABLE WITH EFFECT FROM 16.07.2017

SCHEDULE OF BENEFITS

Section of Cover	Benefits	Max. Sum Insured	Excess
A	Personal Accident	USD 35,000	Nil
B	Emergency Medical Expenses and Emergency Medical Evacuation and Air Ambulance Expenses	USD 300,000	USD100
	Emergency Dental Care	USD 350	Nil
	Repatriation of Mortal Remains	Covered	USD100
	Travel of one immediate family member	Covered	USD100
C	Hospital Benefits : USD 50 per each 24 hours of Hospitalisation up to max of USD 500	USD 500	24 Hours
D / E	Loss of Checked Baggage	USD 3,500	USD100
	Delayed Baggage USD 75 per each 12 hour period of delay	USD 500	12 Hours
F	Loss of Passport	USD 750	Nil
G	Personal Liability	USD 300,000	USD 300 In respect of property damaged only
H	Travel Delay	USD 35 per hours, up to a max of USD 250	12 Hours
I	Hi - Jack USD 50 per each 24 hr period of detention	USD 100 per day, up to maximum USD 2,000	24 Hours
J	Cancellation and Curtailment	USD 2,500	USD100
K	Emergency return home following death of a close family member	USD 2,500	USD100
L	Catastrophe	USD 5,000	USD100
M	Legal Expenses	USD 15,000	USD100
N	Repatriation of family member travelling with the participant	USD 3,000	USD100