



24 Hours Worldwide Emergency Treatment



Guarantee Renewability



Your Choice of Discount Options



Substandard Risks Considered

COVERAGE OF BRONZE PLAN

| Benefits | No Limit on Hospital choice Worldwide Evacuation |
|--|---|
| Maximum Limit per Disability per Policy year <u>Such as</u> Heart, Cancer, Kidney, Liver, Lung Diseases, etc. | 1,200,000 |
| Inpatient Benefits | |
| Room and Board, Nursing Charges, Other Medical Charge (Maximum limit per day and maximum of days per disability) | 5,000 45 Days |
| Intensive Care Unit and Coronary Care Unit (Maximum limit per day) | 10,000 15 Days |
| Operating Theatre | Included in Hospital Expenses |
| Surgical's Fee Including Pre-Surgical Assessment and Normal Post-Surgical Care (Actual Expenses) | 200,000 |
| Organ Transplant's Fee for Liver, Heart, Lung, Kidneys, Bone Marrow and Kidney Dialysis Including Donor's Costs (Maximum per disability) | 200,000 |
| Anaesthetist's Fee | Included in Hospital Expenses |
| Private Nurse Fee recommended by physician immediately after hospitalization (Up to 30 days) | 20,000 |
| Hospital Expenses : Diagnostic Laboratory Fee, X-rays, Prescribed Medicines, Blood and Plasma, Wheel Chair Rentals, Surgical Appliances and Devices | 200,000 |
| Permanent implanted medical devices and artificial organs (Subject to 5 years waiting period.) | Included in Hospital Expenses |
| Physician's Daily Hospital Visit (Maximum per day and maximum of days per disability) | 2,500 45 Days |
| Specialist's consultation fee | 10,000 |
| Emergency OPD within 24 hours, maximum per accident | 10,000 |
| Emergency Local Ambulance Service Including equipment and staff fee | 2,000 |
| Outpatient Benefits | |
| Doctor Consultation, Medicines, X-ray, Laboratory tests, Outpatient Surgery, Dressing, Chemotherapy, Radiation and Alternative Treatment when referred by attending physician. (Maximum per day) | 2,500 / 1 visit per day and 30 visits per year |
| Allowable number of visits to Chiropractor, Accupunturist and Physiotherapist permitted without first reference to an attending Physician (Maximum visit per year) | 3 visits |
| Emergency Expenses | |
| Emergency Assistance: 24 Hours a Day and 7 Days a Week | Fully Indemnified |
| Emergency Medical Evacuation | Fully Indemnified |

| Other Benefits | |
|---|---|
| Personal Accident Benefit: Covers loss of life, loss of one or both hands, loss of vision in one or both eyes, or permanent and total disability caused directly and solely by accident - Additional rate 145 Baht/100,000 Baht | 150,000 (Maximum Coverage 5,000,000) |
| Dental Benefit: Pay 80% | 40,000 / Optional |
| Vision Benefit: Pay 80% | 10,000 / Optional |
| Discount Options | |
| Outpatient Exclusion | 20% Discount |
| 20,000 Baht Deductible Option (You pay the first 20,000 Baht of your eligible medical expenses) | 15% Discount |
| 40,000 Baht Deductible Option (You pay the first 40,000 Baht of your eligible medical expenses) | 25% Discount |
| 100,000 Baht Deductible Option (You pay the first 100,000 Baht of your eligible medical expenses) | 32.5% Discount |
| 200,000 Baht Deductible Option (You pay the first 200,000 Baht of your eligible medical expenses) | 40% Discount |
| 300,000 Baht Deductible Option (You pay the first 300,000 Baht of your eligible medical expenses) | 50% Discount |
| <ul style="list-style-type: none"> The application of each discount is based on the reducing value of the premium after the application of each discount option chosen | |
| Family Discount | |
| For 1 Family with Father or Mother with Children - one or more | 5% Discount |
| No Claim Discount | |
| No claim for 1 year | 10% Discount |
| No claim for 2 consecutive year | 15% Discount |
| No claim for 3 consecutive year | 20% Discount |
| <p>Remark</p> <ul style="list-style-type: none"> The limit unit and premium are in Thai Baht. The applicant must be Thai resident or reside in Thailand at least 6 months in 12 months period. If a claim is made by any insured or covered person under the Policy during a Policy year, any No Claim Discount achieved will be lost and the status of the discount will be as at 1st policy year shown above. If a claim relating to the previous year is subsequently submitted and accepted, and a No Claim Discount has already been given, The Company reserves the right to deduct the equivalent monetary amount of the No Claim Discount from the value of the claim. Any No Claim Discount achieved will be lost and the status of the discount will be as at 1st policy. The No Claim Discount applies only to the premium in respect of the basic benefits. Claims against any additional benefits in the Policy for Vision or Dental will not affect the No Claim Discount. Elective Treatment for North America, Japan, HongKong, EU Countries, Switzerland and Singapore- This benefit is permitted only on a case by case basis with no guarantee of acceptance. The emergency medical evacuation service shall activate while the insured person travelling more than 150 kilometres away from home for less than 90 consecutive days. Information in this brochure is only preliminary information provided for the applicant to consider applying for health insurance coverage from the company, all insuring conditions shall be referred to Definitions, General Definitions, General Exclusions and Insuring Agreement of the health insurance policy of The Company. | |