

Benefits		Plan 1	Plan 2	Plan 3	Plan 4
AIA Term 85 (Non Par)					
- Death benefit		200,000 baht	200,000 baht	200,000 baht	200,000 baht
AIA Health Happy Rider					
- Maximum coverage per policy year (Combined benefit item 1, 2 and 3)		1,000,000 baht	5,000,000 baht	15,000,000 baht	25,000,000 baht
1. Inpatient benefits					
Group 1	Hospital daily room & board, food and hospital service charges (inpatient) per confinement	1,500 baht per day	3,000 baht per day	6,000 baht per day	9,000 baht per day
	In the event of ICU, such benefit will include hospital daily room & board, food and hospital service charges (inpatient) as charged, per confinement. When combined this must not exceed 365 days.	As charged Must not exceed 365 days per confinement (including ICU)			
Group 2	Fees for medical service, diagnosis, treatment, blood service, nurse service medicine, intravenous nutrition and medical supplies per policy year				
2.1	Medical service fee for diagnosis	As charged			
2.2	Treatment medical services, blood services and nursing services				
2.3	Medicine, intravenous nutrition and medical supplies				
2.4	Medicine and medical supplies (Medical Supply 1) for take-home needs (Maximum 7 days per admission)	20,000 baht per admission			As charged
Group 3	Fees for medical professional services (physician), examination, physical services per confinement (Maximum 365 days)	1,000 baht per day	2,000 baht per day	4,000 baht per day	6,000 baht per day
Group 4	Fees for surgery and procedures per policy year				
4.1	Operating or medical procedure room	As charged			
4.2	Medicine, intravenous nutrition, medical supplies and surgical devices				
4.3	Medical professional services, physician (and assistant) fee, surgery and procedure (Doctor Fee)				
4.4	Physician fees - Anesthesiology (Doctor Fee)				
4.5	Medical expenses for organ transplantation				
Group 5	Day Surgery ¹				
2. Outpatient benefits					
Group 6	Fees for diagnosis directly related to inpatient treatment (before and after), or follow up OPD treatment directly related to issues after discharge per policy year				
6.1	Fees for diagnosis directly related to inpatient treatment within 30 days before and after admission	As charged			
6.2	Fees for OPD treatment after discharge (per admission) for follow up treatment within 30 days after admission (excluding fees for diagnosis)	As charged Maximum 2 times per confinement			
Group 7	Fee for OPD treatment of injury within 24 hours of each accident	As charged			
Group 8	Rehabilitation fees after admission per time per policy year (Maximum 2 times)				
Group 9	Medical service fees for chronic kidney failure treatment by hemodialysis per policy year				
Group 10	Medical service fees for cancer treatment by radiation therapy, interventional radiology, nuclear medicine, per policy year				
Group 11	Medical service fees for cancer treatment by chemotherapy per policy year				
Group 12	Emergency ambulance service fees				
Group 13	Minor surgery ²				

Additional benefits				
3. Outpatient benefit (OPD)	No coverage			2,000 baht per visit (maximum 30 times per policy year)
Maximum coverage per policy year	1,000,000 baht	5,000,000 baht	15,000,000 baht	25,000,000 baht
4. Compassionate death benefit	10,000 baht			
5. Critical illness coverage ³	2,000,000 baht	10,000,000 baht	30,000,000 baht	50,000,000 baht

Total benefits under group 1 through 13 and outpatient expenses (if any) must not exceed maximum benefits per policy year.

Notes

¹Day surgery refers to a major surgery, a surgical procedure performed instead of a major surgery, or the use of specialized treatment equipment that can replace a major surgery, that does not require an overnight hospital stay.

²Minor surgery refers to a surgical procedure at the level of cutaneous, subcutaneous or epithelial tissue by applying local/topical anesthesia.

³Critical illness coverage - While the policy is in force, and the Insured is first diagnosed and confirmed with critical illness under the critical illness definition after the waiting period of this rider, the Company shall increase the maximum benefit per policy year to be double that of sum assured in the policy year that the Insured receives treatment for a critical illness and for the next three consecutive policy years. The first policy year the Company will increase the maximum benefit per policy year could refer to the following:

1. Policy year when the Insured is first hospitalized due to critical illness or
2. Policy year when the Insured has a day surgery for the first time due to critical illness or
3. Policy year when the Insured has a mass examination for the first time which was later diagnosed as critical illness, whichever is before.

However, the Company will increase the critical illness benefit up to one time per critical illness under the critical illness definition of the following:

1. Acute Heart Attack
2. Major Stroke
3. Coronary Artery By-Pass Surgery
4. Invasive Cancer
5. Major Organs Transplantation or Bone Marrow Transplantation
6. Surgery to Aorta