

Health Starter Rider**Benefits for Adult Plan: Insurance coverage for ages 11 – 75 years**

Unit: Baht

Health Starter Rider		Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
Adult Plan		Begin	Balanced	Begin	Balanced	Begin	Balanced	Begin	Balanced	Begin	Balanced
Age	Copayment ¹										
11 – 75 years (Renewal to 98 years)	In-Network Hospital	10%	No copayment	10%	No copayment	10%	No copayment	10%	No copayment	10%	No copayment
	Out-of-Network Hospital	30%	20%	30%	20%	30%	20%	30%	20%	30%	20%
% of expenses covered under the benefits table											
1. Inpatient Benefits											
Group 1 Hospital daily room & board, food and hospital service charges (inpatient) per confinement. Group 1 Hospital daily room & board, food and hospital service charges (inpatient) per confinement. In the event of ICU admission, hospital daily room & board, food and hospital service charges (inpatient) at will be		1,500 per day		2,000 per day		2,500 per day		3,500 per day		4,500 per day	
		Must not exceed 125 days per confinement (including ICU 30 days)									

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paid for at <u>double</u> the benefit for hospital daily room & board, food and hospital service charges (inpatient) up to 30 days.					
Group 2 Fees for medical services for diagnosis or treatment, blood services, nursing services, medicine, intravenous nutrition and medical supplies per confinement					
2.1 Medical services fees for diagnosis	14,000	18,000	20,000	25,000	30,000
2.2 Medical treatment services, blood services and nursing services					
2.3 Medicine, Intravenous nutrition and medical supplies					
2.4 Medicine, and expendable medical supplies (Medical Supply 1) to be taken home	1,000 per admission (including in benefit 2.1 – 2.3)				
Group 3 Fees for medical professional services (physician), examination physical services <u>per confinement</u> (not exceeding 125 days)	600 per day	700 per day	800 per day	900 per day	1,000 per day
Group 4 Fees for surgery and procedures <u>per confinement</u>					

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4.1 Operating or medical procedure room	8,000	10,000	12,000	13,000	14,000
4.2 Medicine, intravenous nutrition and medical supplies and surgical devices					
4.3 Medical professional fees (and assistant) for surgery & procedures	50,000	60,000	80,000	90,000	100,000
4.4 Physician fees - Anesthesiology	5,000	6,000	8,000	9,000	10,000
4.5 Medical expenses for organ transplantation	Double amount of benefits of group 4				
Group 5 Day Surgery ²	Pay benefit same as inpatient				
2. Outpatient benefits					
Group 6 Fees for diagnosis directly related to before and after inpatient treatment, or follow up OPD treatment directly related to after discharge <u>per confinement</u>					
6.1 Fees for diagnosis directly related to inpatient treatment 30 days before and after admission	5,000	5,500	6,000	6,500	7,000
6.2 Fees for OPD treatment after discharge per admission for follow up treatment within 30 days of the admission (excluding fees for diagnosis)	Not cover				

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Group 7 Fees for OPD treatment of injury within 24 hours of <u>each accident</u>	3,000	4,000	5,000	7,000	8,000
Group 8 Rehabilitation fees after admission <u>per policy year</u>	Not cover				
Group 9 Medical services fees for chronic kidney failure treatment by hemodialysis <u>per policy year</u>	20,000	25,000	35,000	40,000	50,000
Group 10 Medical services fees for tumor or cancer treatment by radiation therapy, interventional radiology, nuclear medicine <u>per policy year</u>					
Group 11 Medical services fees for cancer treatment by chemotherapy <u>per policy year</u>					
Group 12 Emergency ambulance fees (per admission)	4,000	4,500	5,000	5,500	6,000
Group 13 Minor surgery (per admission)	5,000	6,000	8,000	9,000	10,000
Additional benefits					
OPD general benefit	-	4,000	5,000	6,000	7,000
Death benefit	10,000	10,000	10,000	10,000	10,000

Notes

¹In cases involving copayment, the Company shall consider the copayment rate applicable to in-network hospitals if any of the following conditions are met:

1. For each inpatient admission, if the hospital's status on either the first day of admission or the discharge date is classified as in-network; or
2. If the hospital's status on the date of outpatient treatment is classified as in-network.

However, the Company shall apply the copayment as if the treatment were received at an in-network hospital under any of the following conditions:

1. The Insured receives Emergency Medical Treatment as defined by the Company; or
2. The Insured receives continuous inpatient care under the same confinement, or receives medical services for diagnosis directly related to before and after inpatient admission – all of which must take place at the same hospital where the Insured previously made copayment (if any) under in-network hospital coverage; or
3. The Insured receives approval for medical treatment through Pre-Authorization Result at an in-network hospital, and the specified treatment is received at the specified hospital within the approved timeframe.

The copayment represents the portion of covered medical expenses that the Insured is required to pay in accordance with the terms and conditions of the insurance plan, effective from the first policy year onwards.

²Upon the policy anniversary on which the Insured reaches the age of 11, the coverage plan, benefits, and copayment arrangement will be automatically changed to the Balanced Plan.

³Day surgery refers to a major surgery, or 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.

The English version is unofficial translation of the original Thai version for reference only and has no legal binding as the protective control.

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