



**wealthy
healthy**

ประกันภัยสุขภาพและอุบัติเหตุส่วนบุคคลแบบพิเศษ
Health and Personal Accident Insurance - Premier Plan

Insuring Agreement		Benefits (Baht)				
Coverage Plan	WH 1500	WH 2000	WH 3000	WH 4000	WH 6000	WH 12000
Health Insurance Coverage Maximum Payable per Disability/Time/Year	300,000	400,000	600,000	800,000	1,200,000	2,400,000
In-patient Hospitalization (IPD) Coverage						
- Room and Board, Including Nursing Care (Max. per disability/time)	90,000	120,000	180,000	240,000	360,000	720,000
- Normal Room (Max. per day, limit 60 days)	1,500	2,000	3,000	4,000	6,000	12,000
- ICU Room (Max. per day, limit 15 days)	3,000	4,000	6,000	8,000	12,000	24,000
- General Expenses (Max. per disability/time)	15,000	20,000	30,000	40,000	60,000	120,000
- Emergency OPD Treatment for Accident (Including in General Expenses)	3,000	4,000	6,000	8,000	12,000	24,000
- Special Consultation Fee (Including in General Expenses)	1,500	2,000	3,000	4,000	6,000	12,000
- Ambulance Fee (Including in General Expenses)	1,000	1,000	1,000	1,000	1,000	1,000
Surgical Coverag						
- Surgeon's Operation Fee (Max. per disability/time, as per Actual Expenses)	22,500	30,000	45,000	60,000	90,000	180,000
- Surgical Consultation Fee (Including in Surgeon's Operation Fee)	2,250	3,000	4,500	6,000	9,000	18,000

Physician Care Coverage

- Physician Care (Max. per disability/time)	22,500	30,000	45,000	60,000	90,000	180,000
- In-patient Physician Visit Fee (Max. per day, limit 60 days)	375	500	750	1,000	1,500	3,000

Major Medical Coverage

Maximum Payable per Disability/Time/Year (Pays 90 Percent of the Eligible Expenses in Excess of the Deductible)	150,000	200,000	300,000	400,000	600,000	1,200,000
- Deductible	15,000	20,000	30,000	40,000	60,000	120,000
- Room and Board, Including Nursing Care (Max. per day, starts on 61st day)	1,500	2,000	3,000	4,000	6,000	12,000

Worldwide Emergency Assistant Coverage (By Allianz Global Assistance)

- Emergency Medical Evacuation	USD 1,000,000	USD 1,000,000	USD 1,000,000	USD 1,000,000	USD 1,000,000	USD 1,000,000
- Medical Repatriation						
- Repatriation of Mortal Remain						

Personal Accident Coverage (PA 2)

- Accidental Death, Dismemberment, and Total Permanent Disability	100,000	100,000	100,000	100,000	100,000	100,000
Out-patient Benefits (OPD) (Optional Purchase)	OPD 800	OPD 1000	OPD 1500	OPD 2000	OPD 2500	OPD 3000
- Maximum Payable per Year)	32,000	40,000	60,000	80,000	100,000	120,000
- Maximum Payable per Day (Max. 1 visit per day, limit 30 visits per year)	800	1,000	1,500	2,000	2,500	3,000
- X-ray and Laboratory Test Expenses (Maximum per year)	8,000	10,000	15,000	20,000	25,000	30,000

Annual Premium Include Duty Stamps (Baht)

IPD

Age (Years)	WH 1500	WH 2000	WH 3000	WH 4000	WH 6000	WH 12000
15 Days - 5	28,047	37,168	55,410	73,652	110,137	153,917
6 - 10	12,845	16,899	25,007	33,115	49,329	68,788
11 - 20	8,285	10,818	15,886	20,953	31,088	43,249
21 - 35	6,765	8,791	12,845	16,899	25,007	34,735
36 - 40	7,677	10,007	14,670	19,332	28,655	39,844
41 - 45	8,285	10,818	15,886	20,953	31,088	43,249
46 - 50	9,805	12,845	18,926	25,007	37,168	51,762
51 - 55	11,326	14,872	21,966	29,061	43,249	60,274
56 - 60	12,845	16,899	25,007	33,115	49,329	68,788
61 - 65	15,970	21,037	31,172	41,306	61,575	85,897
66 - 70	22,218	29,313	43,501	57,689	86,065	120,118
*71 - 75	31,676	41,810	62,079	82,348	122,886	171,531
*76 - 80	46,878	62,079	92,482	122,886	183,693	256,661

*Renew only

OPD

Age (Years)	OPD 800	OPD 1000	OPD 1500	OPD 2000	OPD 2500	OPD 3000
15 Days - 5	22,512	27,618	40,383	53,148	65,913	78,678
6 - 10	10,006	12,275	17,948	23,621	29,295	34,968
11 - 20	6,253	7,672	11,218	14,763	18,309	21,855
21 - 35	5,003	6,137	8,974	11,811	14,647	17,484
36 - 40	5,753	7,058	10,320	13,582	16,844	20,107
41 - 45	6,253	7,672	11,218	14,763	18,309	21,855
46 - 50	7,504	9,206	13,461	17,716	21,971	26,226
51 - 55	8,755	10,740	15,705	20,669	25,633	30,597
56 - 60	10,006	12,275	17,948	23,621	29,295	34,968
61 - 65	12,507	15,344	22,435	29,527	36,618	43,710
66 - 70	17,510	21,481	31,409	41,337	51,266	61,194

* Renew only

Remark

1. Standard premium for each age band for the first policy year only
2. Eligible to apply for the first year coverage from 15 days up to 70 years of age, renewable up to 80 years of age for IPD and up to 70 years of age for OPD.
3. IPD coverage must be purchased first in order to be able to purchase OPD coverage, in case of purchase OPD as optional, OPD premium will be added to IPD premium.
4. Renewal year premium will be adjusted according to increasing age of each insured person
5. Renewal year premium of each insured person may be charged higher, up to 100 percent of standard premium, according to underwriting experience of the previous policy year
6. 10 percent discount for the renewal year for no claim bonus .

Insuring Agreement

- This health insurance covers for treatment expenses resulting from injury from an accident or suffers from sickness for the actual expenses paid, up to the maximum limit of benefit as stated in the schedule of the insurance policy.
- Details of insuring agreement shall be referred to the insurance policy.

Coverage Commencement

- Coverage for sickness shall be start covered after the first 30 days waiting period, except 8 types of sicknesses that stipulated in the insurance policy shall be start covered after 120 days waiting period.
- Coverage for injury from accident and shall be start covered immediately from the policy effective date.

Exclusions

- Pre-existing conditions, including related symptoms and chronic conditions that the applicant has had before this insurance policy is in effect, congenital abnormality or genetic disorders
- Cosmetic surgery, beautification treatment, or aging relieve treatment
- Treatment or surgery related to eyesight, dental or gum
- Treatment related to mental disorder
- Treatment which is not considered a modern medicine including alternative medicine.
- Health check up and preventive vaccination
- Suicide or suicide attempt, self inflicted injury
- Other exclusions shall be referred to the insurance policy

Apply for Coverage and Support Document

- Fill the Application Form and Applicant's Health Condition Declaration Form truthfully and sign to certify *
- Submit copy of ID Card or copy of Passport for foreigner
- For the youth, submit copy of ID Card or Birth Certification together with copy of ID Card of the parent
- The company reserves the right to reject any application or accept with exclusions, according to underwriting standard of the company.
- The company reserves the right not to renew each insured person within the first 2 years after start coverage.

* In case the applicant knows any fact but declares false statement or fails to declare it, in which should the company acknowledge it prior, the company may increase the insurance premium or reject the application, this insurance policy shall be voided, according to the Civil and Commercial Code, Section 865. The company has the right to dissolve it,

**The insured person can request for policy cancellation within 90 days after the first policy year effective date, and the company shall refund full premium before duty Stamps to the insured person, in case there is no claims.

Remark

Information in this brochure is only preliminary information provided for the applicant to consider for applying for health insurance coverage from the company, all insuring conditions shall be referred to Definition, General Conditions, General Exclusions, and Insuring Agreement of the health insurance policy of the company.