



Special Tourist Visa (STV) Health and Personal Accident Insurance

Insuring Agreement	Benefits (Baht)		
Coverage Plan	SP4000	WH2000	WH4000
Health Insurance Coverage Maximum Payable per Disability/Time/Year	400,000	400,000	800,000
In-patient Hospitalization (IPD) Coverage			
Room and Board, Including Nursing Care (Max. per disability/time)	240,000	120,000	240,000
Normal Room (Max. per day, limit 60 days)	4,000	2,000	4,000
ICU Room (Max. per day, limit 15 days)	8,000	4,000	8,000
General Expenses (Max. per disability/time)	40,000	20,000	40,000
Emergency OPD Treatment for Accident (Including in General Expenses)	8,000	4,000	8,000
Special Consultation Fee (Including in General Expenses)	4,000	2,000	4,000
Ambulance Fee (Including in General Expenses)	1,000	1,000	1,000
Surgical Coverage			
Surgeon's Operation Fee (Max. per disability/time, as per Actual Expenses)	60,000	30,000	60,000
Surgical Consultation Fee (Including in Surgeon's Operation Fee)	6,000	3,000	6,000
Physician Care Coverage			
Physician Care (Max. per disability/time)	60,000	30,000	60,000
In-patient Physician Visit Fee (Max. per day, limit 60 days)	1,000	500	1,000
Major Medical Coverage			
Maximum Payable per Disability/Time/Life Time	Not Cover	200,000	400,000
(Pays 90 Percent of the Eligible Expenses in Excess of the Deductible)			
Deductible which is covered under IPD coverage		20,000	40,000
Room and Board, Including Nursing Care (Max. per day, starts on 61st day)		2,000	4,000
Worldwide Emergency Assistant Coverage (By Allianz Global Assistance)			
Emergency Medical Evacuation	Not Cover	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
Out-patient Benefits (OPD) (Optional Purchase)			
Maximum Payable per Year	60,000		
Maximum Payable per Day (Max. 1 visit per day, limit 30 visits per year)	1,500		
X-ray and Laboratory Test Expenses (Maximum per year)	15,000		

Annual Premium Include Duty Stamps (Baht)			
Premium Schedule (IPD) +(OPD)			
Age (Years)	SP4000+OPD1500	WH2000+OPD1500	WH4000+OPD1500
15 Days - 5 Years	90,397	77,551	114,035
6-10	40,421	34,847	51,063
11-20	25,429	22,036	32,171
21-35	20,430	17,765	25,873
36-40	23,429	20,327	29,652
41-45	25,429	22,036	32,171
46-50	30,426	26,306	38,468
51-55	35,424	30,577	44,766
56-60	40,421	34,847	51,063
61-65	50,500	43,472	63,741
66-70	70,658	60,722	89,098
*Premium Schedule (Renew only)			
71-75	87,519	73,219	113,757
76-85	115,060	93,488	154,295

Remark

- Standard premium for each age band for the first policy year only
- Eligible to apply for the first year coverage from 15 days up to 70 years of age, renewable up to 85 years of age for IPD and up to 85 years of age for OPD
- 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
- Renewal year premium will be adjusted according to increasing age of each insured person
- 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
- 10 percent discount for the renewal year for no claim bonus

Insuring

- 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 Passport for foreigner

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.