

Type : TIP Premium Personal Health and Accident Insurance Policy
Project name : TIP Health Care 20000
Policy holder : Customer aged between 15 – 70 years old on the date that applied the application.
Period of coverage : 1 year after the first effective date of policy.
Distribution channel : All channel
Beneficiary : Legal heirs
 All terms and conditions subjects :

Personal Health Coverage

Inpatient hospitalization in a Hospital or Medical center (IPD)

Benefits	Benefits (Baht)			
	Plan 1	Plan 2	Plan 3	Plan 4
	Age 15 - 40	Age 41 - 50	Age 51 - 60	Age 61 - 70
Maximum benefit for Inpatient Hospitalisation per policy year	500,000	400,000	300,000	250,000
Maximum benefit for Inpatient Hospitalisation per disability	100,000	80,000	60,000	50,000
1. Inpatient Benefits				
Article 1: Room charge, meal fee and hospital service fee (Inpatient) for each hospitalization as an Inpatient	5,000	5,000	3,000	3,000
In case that the Insured is treated in the Intensive Care Inpatient Room, room charge, meal fee and hospital service fee shall be paid double of Room charge, meal fee and hospital service fee (Inpatient) Maximum 365 days	10,000	10,000	6,000	6,000
Article 2: Medical fee for examination or treatment, blood and blood component service fee, nurse service fee, medicine fee, parenteral nutrition fee, and medical supplies fee for each hospitalization as an Inpatient	As Charged	As Charged	As Charged	As Charged
Sub-article 2.1 Medical fee for examination				
Sub-article 2.2 Medical fee for treatment, blood and blood component service fee, and nurse service fee				
Sub-article 2.3 Medicine fee, parenteral nutrition fee and medical supplies fee				
Sub-article 2.4 Medicine fee and disposable supplies fee (Medical Supplies 1) for take away				
Article 3: Physician's examination fee (Physician) for each hospitalization as an Inpatient	As Charged	As Charged	As Charged	As Charged
Article 4: Operation (surgery) and procedure fee for each hospitalization as an Inpatient	As Charged	As Charged	As Charged	As Charged
Sub-article 4.1 Operating room fee and procedure room fee				
Sub-article 4.2 Medicine fee, parenteral nutrition fee, medical supplies fee, and surgery and procedure fee				
Sub-article 4.3 Physician's fee for Physicians performing surgery and procedure (including assistant) (Doctor Fee)				
Sub-article 4.4 Physician's fee for anesthetist (Doctor Fee)				
Sub-article 4.5 Medical fee for organ transplantation				
Article 5: Day Surgery	As Charged	As Charged	As Charged	As Charged

2. Non-Inpatient Benefits				
Article 6: Medical fee for related direct examination before and after hospitalization as an Inpatient or Outpatient treatment fee which is in consequence of or in connection with hospitalization as an Inpatient for each hospitalization as an Inpatient				
Sub-article 6.1 Medical fee for related direct examination which occurs within 30 days before and after hospitalization as an Inpatient	As Charged	As Charged	As Charged	As Charged
Sub-article 6.2 Outpatient Treatment fee after hospitalization as an Inpatient for each consequential treatment within 30 days after such discharge from the hospital (excluding medical fee for examination)				
Article 7: Medical fee for Treatment of injury in Outpatient case within 24 hours after each accident	6,000	6,000	6,000	6,000
Article 8: Rehabilitation medicine fee within 30 days after each hospitalization as an Inpatient per confinement	As Charged	As Charged	As Charged	As Charged
Article 9: Medical fee for Treatment of chronic kidney failure by hemodialysis through vascular access for each policy year	As Charged	As Charged	As Charged	As Charged
Article 10: Medical fee for Treatment of tumor or cancer by radiotherapy, interventional radiology, and nuclear medicine for each policy year	As Charged	As Charged	As Charged	As Charged
Article 11: Medical fee for Treatment of cancer by chemotherapy for each policy year	As Charged	As Charged	As Charged	As Charged
Article 12: Ambulance fee	As Charged	As Charged	As Charged	As Charged
Article 13: Medical fee for Minor Surgery	As Charged	As Charged	As Charged	As Charged
Copayment				
Deductible	No			
Copayment	No			

Outpatient Benefits

Benefits	Benefits (Baht)			
	Plan 1	Plan 2	Plan 3	Plan 4
	Age 15 - 40	Age 41 - 50	Age 51 - 60	Age 61 - 70
1. Outpatient hospitalization				
2. Medicine fee and disposable supplies fee (Medical Supplies 1) for take away (1 Time Per day, maximum 30 times per year)	2,000	1,500	1,000	800

Endorsement extended cover for vaccination

(For attach with Insuring agreement inpatient hospitalization in a Hospital or Medical center under Personal Health Coverage)

Benefits	Benefits (Baht)			
	Plan 1	Plan 2	Plan 3	Plan 4
	Age 15 - 40	Age 41 - 50	Age 51 - 60	Age 61 - 70
Vaccination	1,000	1,000	1,000	1,000

Personal Accident Coverage

Loss of life, Dismemberment, Loss of sight, Loss of hearing, Loss of speech or Permanent Disability (PA.2)

Benefits	Benefits (Baht)			
	Plan 1	Plan 2	Plan 3	Plan 4
	Age 15 - 40	Age 41 - 50	Age 51 - 60	Age 61 - 70
Loss of life, Dismemberment, Loss of sight, Loss of hearing, Loss of speech or Permanent Disability (PA.2) (Extended Cover for Riding or travelling on motorcycle)	10,000	10,000	10,000	10,000

Age (Years)	Total Premium (Baht)			
	Plan 1	Plan 2	Plan 3	Plan 4
	Age 15 - 40	Age 41 - 50	Age 51 - 60	Age 61 - 70
Total Premium (Baht) / Person / Year	20,000	20,000	20,000	20,000

Remarks :

1. This premium is included stamp duty 0.4%
2. This insured must age between 15 - 70 years old with healthy and not any disability or mental disorder on the effective date of policy.
3. The applicant must complete the company application form and accepted with underwriting and company condition.
4. This policy does not cover injury / chronic disease which occur before effective date of policy and still not recover on the first effective date.
Including the treatment that is not medically necessary.
5. This insurance policy is not covered any illness including Coronavirus Infection (Coronavirus (2019-nCoV)) that occur within 30 days (Waiting Period) after the first effective date of policy.
6. Medical expenses from any injury or illness Including illness caused by Coronavirus (2019-nCoV) will be considered based on diagnosis and advice from a physician according to indications which are medical standards. In additional, must be in accordance with the current medical practice. While the insured suffers from any injury, any illness or any infection.
7. This insurance policy is not covered illness as following: All Tumor or Cysts, Cholecystitis, Hemorrhoids, Hernias, Cataract, Tonsil or Adenoid and Calculus, Varicose vein and Endometriosis which occur within 120 days (Waiting Period) after the first effective date of policy.
8. If the insured was inpatient in hospital more than 2 times with same disease the condition will be as following:
 - 8.1 In case of treatments will be counted as the same disability if such treatment occurs within 90 days after the same disability, that treatment will be count as same benefit.
 - 8.2 In case of treatments will be counted as the new disability if such treatment occurs over 90 days after the same disability, that treatment will be count as new benefit.
9. Medical treatment for emergency accident basis within 24 hours after the accident and include continuing treatment within 15 days after receive the first treatment but not exceed actual expense or maximum limit of coverage.

Page -4-

10. Health care card is provided for the insured to service with network hospital.
11. In case of the insured has reserved money in advance, Claim documents can be submitted 24 hours through TIP Flash Claim application.
The insured will be received the claim return within 10 business days in case submitted complete document.
12. Company reserves the right to adjust the premium for renewal policy, the renewal premium is considered from age of insures and claim experience.
13. The benefit and coverage are subject to term & Condition of TIP Premium Personal Health and Accident Insurance Policy.

Page 4/4