



A new path to wellness

# D Health Lite

D Health Lite Rider



## Lite: Easy Living

Comprehensive Coverage  
Flexible Choices  
Simple Payments,  
Total Coverage.

## D Health Lite

Offers just-right, accessible health coverage that helps you plan medical expenses with peace of mind.

It's there when you need it, without affecting your savings or the life plans you've set.

Whether facing a minor illness or an unexpected event,

**D Health Lite** helps ease the financial burden, giving you confidence that...

your health is always in caring hands.



# D Health Lite

Lite coverage for easy health care  
choose the plan that's right for you.

## Lump sum coverage

up to 5 million Baht<sup>(1)</sup>  
per hospitalization

## Cover hospitalization

including OPD benefit for continuous treatment and rehabilitation room fee, ICU room fee, doctor fee, medication fee, examination fee, surgery fee, and physical therapy fee.

## OPD coverage

for major, minor surgery and injury from an accident within 24 hours



Entry age is 30 days-90 years old

Long-term coverage until attaining the age of 99



### Be covered to the max

Coverage for cancer, kidney disease, critical illnesses, common diseases, epidemics and accidents



### Comprehensive room coverage

Up to 4,000 Baht per day<sup>(1)</sup>



### Options of your choice

Choose lump sum benefit paid for you from the first Baht or choose deductible or copayment plan to reduce insurance premium.



### Tax-Deductible

Insurance premiums can be used for tax deductions up to 25,000 Baht per year.



### MTL Smile Hospital Network

Our exclusive partner hospital network provides enhanced coverage to help minimize out-of-pocket expenses. Experience confident and fast service with our key benefits: Room Rate Peace of Mind, Pre-Surgery Assurance, Exclusive Pricing, and MTL Health Buddy Service.

(1) For choosing plan with sum insured of 5 million Baht

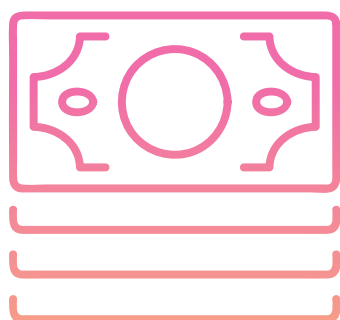
# Feel Free to Choose... Let's Choose Your Right Coverage

(Baht)

Coverage (per inpatient hospitalization)	Plan 1 MB			Plan 5 MB			
Maximum Benefit	1,000,000			5,000,000			
Deductible <sup>(2)</sup>	None	20,000	50,000	None	30,000	50,000	100,000
Copayment <sup>(2)</sup> (Insurance Company : Insured)	None	90 : 10 or 80 : 20		None	90 : 10 or 80 : 20		

Per Inpatient Hospitalization means hospitalization as an inpatient or treatment with major surgery that does not require inpatient hospitalization (day surgery) each time, and hospitalization as an inpatient or treatment with major surgery that does not require inpatient hospitalization (day surgery) regardless of how many times due to the same injuries or illnesses that have not been cured, including related or ongoing complications. If the hospitalization is not over 90 days apart, counting from the last discharge date, it will be regarded as the same hospitalization.

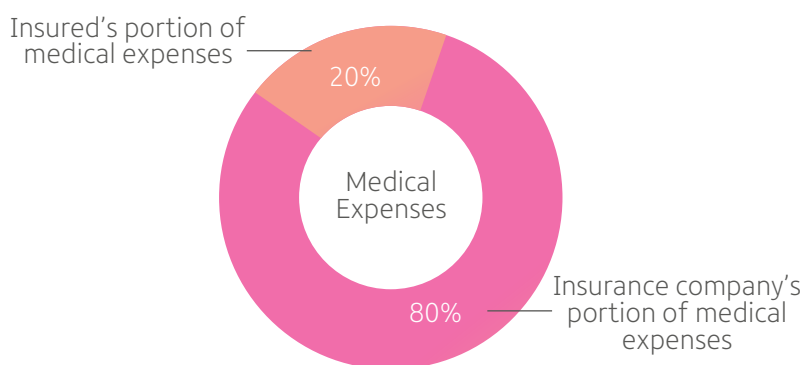
## Deductible



Deductible refers to the amount of medical expenses that the insured must pay out of pocket before the insurance company begins coverage.

For example, if the insured selects a plan with a deductible of 30,000 Baht, the insured is responsible for paying the first 30,000 Baht of medical expenses, and the insurance company will cover any additional eligible medical expenses beyond this amount.

## Copayment



Copayment refers to the sharing of medical expenses between the insured and the insurance company in a specified proportion. For example, the insured pays 20% of the covered medical expenses, while the insurance company pays the remaining 80%.

## Advantages of Choosing a Plan with a Deductible or Copayment

- Affordable Premiums: Having a deductible or copayment helps lower your insurance premiums.
- Valuable Coverage: Enjoy enhanced benefits or additional protection on top of your existing medical coverage.
- Faster Access to Treatment: No more worrying about large medical bills—get timely treatment when you need it.

(2) Applicable to benefits under categories 1–8 and 12–13.

# D Health Lite

## Who Should Purchase



### **Freelancers: No employee benefits**

Choose D Health Lite – Plan 5 million Baht, with no deductible or copayment.

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If you fall ill and your medical expenses are 100,000 Baht

- >> D Health Lite pays from the very first Baht
- >> with coverage of up to 5,000,000 Baht
- >> full protection made easy!



### **Salaried Employees: Already have company benefits (30,000 Baht)**

Choose D Health Lite – Plan 5 million Baht with a deductible of 30,000 Baht

If your medical expenses are 100,000 Baht

- >> Claim 30,000 Baht from your existing benefits
- >> D Health Lite covers the remaining 70,000 Baht
- >> with total benefits up to 5,000,000 Baht
- >> enjoy lower premiums and no duplicate premium payments.

Or

Choose D Health Lite – Plan 5 million Baht with 80:20 copayment

(Customers pay 20% of the medical expenses, and premiums can be reduced by up to 25%.)

If your medical expenses are 100,000 Baht

- >> Claim 20,000 Baht from your existing benefits
- >> D Health Lite covers the remaining 80,000 Baht
- >> with total benefits up to 5,000,000 Baht
- >> enjoy lower premiums and no duplicate premium payments.

# D Health Lite

## Change to Suit Your Needs

### Convertible Option

An option to reduce deductible **without health declaration**. The option can be exercised 1 time per the following age range

- Age rang 1 : 11 - 15 years old
- Age rang 2 : 55 - 65 years old

While having D Health Lite for at least 5 consecutive years. Conditions are as specified by the Company.

### Example of plan adjustment for ages 55 to 65

Salaried employees can make the right plan in every stage of life. Your plan will not be disturbed because we provide you with continuous coverage.

At the **age of 35** during the working stage, you **have** existing welfare.



#### Choose plan

- With deductible

Existing welfare

Coverage  
(during the age of 35-54)

For lower premium, no overlapping premium payment

At the **age of 55** upon retirement, you **have no** existing welfare.



- Exercise **Convertible Option**

#### Choose plan (subject to the rules)

- No** deductible
- Reduce** deductible

Coverage  
(during the age of 55-99)

For consistency with changing welfare

Remark: Changing the plan is subject to the deductible reduction criteria. Please study additional details.

# Feel at Ease Whenever Unwell

**Reduce the risk  
of out-of-pocket expenses**

\* Terms and conditions are subject to each hospital's policies.



Enjoy enhanced privileges when receiving treatment at  
an **MTL Smile Hospital Network** before visiting a general hospital.



## 1. Extra Coverage: Enhance Your Protection for Greater Peace of Mind Increase

- the maximum inpatient treatment benefit by 1.2 times Per policy year or per hospitalization

For example: from 1,000,000 Baht to 1,200,000 Baht

- Room and physician fees covered for up to 365 days

Check the campaign period at: <https://www.muangthai.co.th/th/mtl-smile-hospital-network>

- Subject to the benefits under each category and each rider.

- The Company reserves the right not to provide the extended benefits if the insured receives medical treatment at a non-participating medical facility outside the Company's network.



## 2. Copayment & Deductible Discount : Reduce Your Out-of-Pocket Expenses

- For example : from 20% to 10%, or from 10% to 5%

- The discount cannot be applied to copayment under renewal year conditions.

- Deductible (initial responsibility) reduced by 10%

For example: from 50,000 Baht to 45,000 Baht

Check the campaign period at: <https://www.muangthai.co.th/th/mtl-smile-hospital-network>

- Subject to the benefits under each rider.



## 3. Worry-free Room : Comfortable Rooms at an Affordable Cost

- Ease your concerns about room charges when receiving treatment at hospitals participating in the MTL Smile Hospital Network.

- Special discounts are available at participating private hospitals only.

\* Terms and conditions are subject to each hospital's policies.



## 4. Faster Pre-Authorization : Quicker and More Reliable Cost Assessment

Receive a faster pre-surgery cost assessment to support treatment planning and reduce the need for advance payments. Assessment results are provided within 2 business days.

\*\* Pre-authorization services will be provided subject to the readiness of each hospital.



## 5. Special Package Surgery : Exclusive Prices and Great-Value Packages

Enjoy special pricing on surgical packages, offering greater confidence and easier treatment planning when undergoing surgery at hospitals participating in the MTL Smile Hospital Network.

\* Surgical package prices and terms are subject to each hospital's conditions.

**Check the list of MTL Smile Hospital Network participants via:**

- MTL Website
- MTL Click Mobile Application

**Customer Contact Channels for Further Assistance:**

- Customer Service Center: Call 1766
- MTL Health Buddy: Call 0 2290 2424 ext. 3 (Mon-Fri, 8:30 AM – 5:00 PM; excluding weekends and public holidays)

# Additional Coverage

You can choose together with D Health Lite



## Care Plus Rider

Plus coverage for both IPD and OPD benefits for Cancer and Chronic Kidney Failure in every stage up to 10 million Baht<sup>(3)</sup> per policy year.

You can access modern medical innovation for a better life.



Coverage for Cancer treatment including Targeted Therapy, Stem Cell Transplantation, and Immunotherapy



Coverage for chronic kidney failure treatment including Kidney Transplantation, Online Hemodiafiltration, and Vascular Access

Coverage for Mental Illness treatment to take care of the patient's mind since the early treatment. You can choose coverage for

Cancer  Chronic Kidney Failure  Cancer and Chronic Kidney Failure [Save](#)

(3) For choosing plan with coverage for Cancer and Chronic Kidney Failure with sum insured of 5 million Baht



## OPD Per Time

Regardless of minor or major illnesses, you will have no worries, whether to be hospitalized or not. It provides you OPD coverage of up to 30 times per year with coverage limit from 500-3,000 Baht per time.



Take care of OPD expenses including doctor fees, diagnosis charges, and medication expenses



Take care of telemedicine fees



## OPD Maochai

No need to worry about sickness and injury from an accident.  
Annual lump sum coverage of 15,000 - 100,000 Baht per year



See a doctor up to 2 times per day



Patients who require to access  
new innovative treatments



Second opinion



## Maternity Plus

To take care of expenses during the pregnancy and after child delivery with maximum benefit of 2 - 4 million Baht per policy year



### Pregnancy can come with unforeseen risks and expenses.

- Risk of miscarriage
- Risk of pre- and post-natal complications
- High costs of child delivery



## Well-Being Plus

For good health and building shield before getting sick with coverage up to 24,000 - 38,500 Baht per policy year



### Annual Health Checkup

Plan for health checkup 1 time per year



### Vaccination

Certified by WHO with peace of mind



### Eye Care

i.e. eye examination fee, cost of spectacle frame and corrective lenses as prescribed by the ophthalmologist



### Annual Dental Checkup

including scaling and cleaning, dental filling and restoration, examinations, x-rays, extraction, root canal treatment, bridgework and crowns, gum disease treatment, etc.



## Coverage Schedule

# D Health Lite

The available health coverage is as follows: Care Plus, OPD Per Time, OPD Maochai, Maternity Plus or Well-Being Plus.

Choose additional health coverage with D Health Lite Rider under the new health standard.

## Coverage Schedule of D Health Lite

The Company shall pay the following benefits for the expenses which arise from medical treatment based on medical necessity and medical standard according to general service rate for the items stated in the benefit schedule in accordance with the actual expense after deducting Cost Sharing (if any) but not exceeding the benefit specified in the benefit schedule of this rider.

Benefit	Plan 1,000,000	Plan 5,000,000
<b>1. Inpatient benefits</b>		
<b>Section 1</b> Room, board, and hospital service expenses (inpatient) per any inpatient hospitalization Total benefits of the subsections 1.1 and 1.2 must not exceed 180 days.		
SubSection 1.1 Room, board, and hospital service expenses (inpatient) per any inpatient hospitalization	2,000 THB/Day	4,000 THB/Day
SubSection 1.2 In case the insured is treated in intensive care inpatient room, the Company shall pay for room, board, and hospital service expenses (inpatient) per any inpatient hospitalization , up to 60 days.	As charged	
<b>Section 2</b> Medical expenses for diagnosis or treatment, blood bank and blood components expenses, nursing service fee, medication expenses, intravenous nutrition expenses and medical supply expenses per any inpatient hospitalization		
SubSection 2.1 Medical expenses for diagnosis	As charged	
SubSection 2.2 Medical expenses for treatment, blood bank and blood components expenses and nursing service fee	As charged	
SubSection 2.3 Medication expenses, intravenous nutrition expenses and medical supply expenses	As charged	
Subsection 2.4 Expenses for home medication and disposable medical supply (medical supply 1) (Up to 14 days)	20,000 THB	
<b>Section 3</b> Attending medical professional (physician) fee per any inpatient hospitalization (per day, up to 180 days)	2,000 THB/Day	4,000 THB/Day
<b>Section 4</b> Surgical treatment expense (surgery) and medical procedure expenses per any inpatient hospitalization		
SubSection 4.1 Operating room expense and medical procedure room expenses	As charged	
SubSection 4.2 Medication expense, intravenous nutrition expenses, medical supply expenses and surgical equipment and medical procedure expenses	As charged	
SubSection 4.3 Medical professional performing surgery and medical procedure fee for surgeon and surgeon's assistant (doctor fee)	As charged	
SubSection 4.4 Anesthesiologist fee (doctor fee)	As charged	
SubSection 4.5 Organ transplantation fee	As charged	
<b>Section 5</b> Major surgery that does not require inpatient hospitalization (day surgery).	As charged	

## Coverage Schedule of D Health Lite (Continued)

Benefit	Plan 1,000,000	Plan 5,000,000
<b>2. Outpatient benefits</b>		
<b>Section 6</b> Medical expenses for directly related diagnosis incurred before and after inpatient hospitalization or directly related outpatient medical expenses after inpatient hospitalization per any inpatient hospitalization		
Subsection 6.1 Medical expenses for directly related diagnosis incurred within 30 days before and after inpatient hospitalization		As charged
Subsection 6.2 Outpatient medical expenses after inpatient hospitalization per time for continuous medical treatments within 30 days from the date of inpatient discharge (excluding medical expense for diagnosis)		As charged
<b>Section 7</b> Outpatient medical expenses for injury within 24 hours after accident per time		As charged
<b>Section 8</b> Rehabilitation fee after each inpatient hospitalization per inpatient hospitalization		As charged
<b>Section 9</b> Medical expenses for chronic kidney failure treatment by hemodialysis per policy year		Not Cover
<b>Section 10</b> Medical expenses for cancer treatment by radiotherapy, interventional radiology, nuclear medicine therapy per policy year		Not Cover
<b>Section 11</b> Medical expenses for cancer treatment by chemotherapy per policy year		Not Cover
<b>Section 12</b> Emergency ambulance fee		As charged
<b>Section 13</b> Minor surgery treatment expenses		As charged
<b>Cost sharing<sup>(4)</sup></b>		
Deductible (per hospitalization) For Total Benefit of Section 1-8 and 12-13		20,000 THB    50,000 THB    30,000 THB    50,000 THB    100,000 THB
Copayment (after deducting the deductible per hospitalization) For Total Benefit of Section 1-8 and 12-13 (Insurance Company : Insurer)	None	90 : 10 or 80 : 20    None    90 : 10 or 80 : 20
<b>Maximum coverage benefit</b>		
The total benefits of sections 1-8 and 12-13 per confinement after deduct deductible and copayment (if any)	1,000,000 THB	5,000,000 THB
Maximum coverage benefit per policy year	Not Applicable	

### Remark:

The coverage area of D Health Lite is Thailand only.

This rider shall provide coverage for medical treatment in Thailand. However, in cases where medical treatment is required outside of Thailand, the Company shall provide coverage as indicated in the benefit schedule only under the following circumstances:

- 1) Physical injury due to accident
- 2) Illnesses only in case of overseas emergency according to the definition as specified in this endorsement

However, under both circumstances, the initial date of treatment at the overseas hospital must be within the first 90 days of each trip outside of Thailand. The Company shall provide coverage for necessary and reasonable expenses that are incurred due to treatments according to medical necessity and medical standard of that particular country.

(4) Cost-Sharing Options : Select one of the following coverage plans: No Cost-Sharing, Deductible, or Copayment.

# Coverage Schedule of Additional Health Coverage

## Care Plus Rider

**Cancer** means malignant tumors that have been histopathologically confirmed to be Cancer, which grow uncontrollably and spread to other tissues. This includes leukemia, lymphoma, and sarcoma.

**Chronic Kidney Failure** means the unequivocal diagnosis of chronic and permanent renal insufficiency confirmed by a nephrologist, supported by clinical evidence of reduced renal function, persisting for a consecutive period of 90 days or more. However, acute kidney failure or acute renal insufficiency is not considered as Chronic Kidney Failure.

**Mental Illness** means the unequivocal diagnosis of a disorder characterized by a clinically significant disturbance in cognition, emotional regulation or behavior by a psychiatrist, which as a consequence, resulted in social and functional impairment of the insured.

## Care Plus Rider for Cancer

While this rider is still in force, the insured will receive coverage according to conditions of this rider if the insured is diagnosed with Cancer that occurs after the waiting period and has a medical necessity to undergo a medical treatment in the hospital. The Company shall pay the benefit for the medical expenses for Cancer treatment which arise from medical treatment based on medical necessity and medical standard in case of inpatient hospitalization or outpatient treatment, and Mental Illness treatment according to conditions of this rider within a period of 5 policy years after the policy year when the insured begins to receive Cancer treatment in accordance with the method specified. If the insured is diagnosed with Mental Illness after the waiting period and has medical necessity to undergo a medical treatment in the hospital, the Company shall pay the following benefit for the medical expenses which arise from medical treatment based on medical necessity and medical standard in accordance with the actual expense but not exceeding the benefit specified in the benefit schedule.

Brief Inpatient and Outpatient Benefits	Benefits (Baht)	
	1,000,000	5,000,000
<b>1. Medical expenses for Cancer treatment</b>	As charged	
- Medical expenses for diagnosis including CT Scan, MRI, PET, and Gait Scans - Medical expenses for treatment, blood bank and blood components expenses, and nursing service fee - Medication expenses, intravenous nutrition expenses, and medical supply expenses - Attending medical professional (physician) fee - Surgical treatment expenses (surgery) and medical procedure expenses		
- Home medication and disposable medical supply (medical supply 1) for continuous treatment related to <u>indirect</u> Cancer treatment (up to 30 days) per treatment	100,000	
<b>2. Medical expenses for Mental Illness treatment</b>		
- Medical expenses for Mental Illness diagnosis or treatment by a medical practitioner who is certified psychiatrist in Thailand, psychiatric consultation, psychotherapy medication, medical expenses in the psychiatric department at a hospital, and room and board per policy year	10,000	50,000
<b>Maximum benefit per policy year</b>	<b>1,000,000</b>	<b>5,000,000</b>

In this regard, the benefit of medical expenses for Cancer treatment in Item 1 shall be paid for the following Cancer treatment methods.

- |  |       |   |
|--|-------|---|
| 1) Radiotherapy                          | means | the use of high-energy radiation from x-rays, gamma rays, neutrons, protons, and other sources to destroy Cancer cells and shrink malignant tumors.   |
| 2) Interventional Radiological Treatment | means | the combined use of radiological imaging with minimally invasive medical procedures indicated for Cancer treatment. It includes central venous access, arterial embolization, or ablative techniques.   |
| 3) Nuclear Medicine                      | means | the use of radiopharmaceuticals to deliver radiation therapy directed specifically to Cancer cells.   |
| 4) Cytotoxic Chemotherapy                | means | a single or a combination of anti-neoplastic therapies administered with the aim to destroy Cancer cells.   |
| 5) Immunotherapy                         | means | a type of Cancer treatment that induces artificial stimulation on the immune system to improve its natural ability to slow or stop the growth of Cancer cells. It includes adoptive cell therapy, immunomodulators, oncolytic virus therapy, and targeted antibodies. |
| 6) Hormonal Therapy                      | means | endocrinal therapies administered with the aim to slow or stop the growth of Cancer cells, or to reduce the risk of Cancer recurrence.  |
| 7) Stem Cell Transplantation             | means | the receipt of a transplant of human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation indicated for Cancer treatment.  |
| 8) Targeted Therapy                      | means | drugs or other substances indicated to inhibit the growth and spread of Cancer by interfering with specific molecules ("molecular targets") that are involved in the growth, progression, and spread of Cancer.   |
| 9) Radical Surgery                       | means | the removal of the organ affected by Cancer along with removal of blood supply, lymph nodes and the adjacent tissues that could contain Cancer.   |
| 10) Radiosurgery                         | means | a medical procedure utilizing ionizing radiation to destroy precisely selected areas of tissue that contains Cancer.  |

## Care Plus Rider for Chronic Kidney Failure

While this rider is still in force, the insured will receive coverage according to conditions of this rider if the insured is diagnosed with Chronic Kidney Failure that occurs after the waiting period and has a medical necessity to undergo a medical treatment in the hospital. The Company shall pay the benefit for the medical expenses for Chronic Kidney Failure treatment which arise from medical treatment based on medical necessity and medical standard in case of inpatient hospitalization or outpatient treatment, and Mental Illness treatment according to conditions of this rider within a period of 5 policy years after the policy year when the insured begins to receive Chronic Kidney Failure treatment in accordance with the method specified. If the insured is diagnosed with Mental Illness after the waiting period and has medical necessity to undergo a medical treatment in the hospital, the Company shall pay the following benefit for the medical expenses which arise from medical treatment based on medical necessity and medical standard in accordance with the actual expense but not exceeding the benefit specified in the benefit schedule of this rider.

Brief Inpatient and Outpatient Benefits	Benefits (Baht)	
	1,000,000	5,000,000
<b>1. Medical expenses for Chronic Kidney Failure treatment</b>	As charged	
- Medical expenses for diagnosis including CT Scan, MRI, PET, and Gait Scans - Medical expenses for treatment, blood bank and blood components expenses, and nursing service fee - Medication expenses, intravenous nutrition expenses, and medical supply expenses - Attending medical professional (physician) fee - Surgical treatment expenses (surgery) and medical procedure expenses		
- Home medication and disposable medical supply (medical supply 1) for continuous treatment related to <u>indirect</u> Chronic Kidney Failure treatment (up to 30 days) per treatment	100,000	
<b>2. Medical expenses for Mental Illness treatment</b>		
- Medical expenses for Mental Illness diagnosis or treatment by a medical practitioner who is certified psychiatrist in Thailand, psychiatric consultation, psychotherapy medication, medical expenses in the psychiatric department at a hospital, and room and board per policy year	10,000	50,000
<b>Maximum benefit per policy year</b>	<b>1,000,000</b>	<b>5,000,000</b>

In this regard, the benefit of medical expenses for Chronic Kidney Failure treatment in Item 1 shall be paid for the following Chronic Kidney Failure treatment methods.

1) Regular Hemodialysis	means	a form of renal replacement therapy delivered regularly using a dialyzer 3 times per week.
2) Peritoneal Dialysis	means	a form of renal replacement therapy delivered via a dialysis catheter surgically placed within the peritoneal cavity.
3) Online Hemodiafiltration	means	a form of renal replacement therapy that utilizes both diffusive and convective dialysis modalities, delivered via a high-flux membrane in combination with the use of an online-generated sterile and non-pyrogenic solution for fluid substitution.
4) Kidney (renal) Transplantation	means	treatment of a patient with end stage renal disease by the receipt of a transplant of human kidney which has been tested for compatibility to replace the patient's old kidney that is permanently lost.
5) Vascular Access	means	surgery of arteriovenous fistula to connect a vein to an artery to enlarge the vein for more blood flows from the artery to the vein. There are 2 following types as follows: (1) AVF: Arteriovenous Fistula (2) AVG: Arteriovenous Graft

Remarks : • Coverage area of Care Plus Rider is Thailand only.  
• Care Plus Rider must be attached to the policy in force.

### Exclusions of Care Plus Rider with a total of 13 clauses, for example:

This rider shall not cover medical expenses or damages incurred from injury or illness (including its complications), conditions, or abnormality that arises from:

1. Anti-aging diagnosis, treatment or prevention by consuming drugs or substances, hormone replacement therapy for peri-menopausal and postmenopausal women, male or female sexual malfunction, any sexual disorder treatments and sex change surgery.
2. General medical checkup, individual request for admission in a hospital, or individual request for surgery, rest recovery or rest cure, or hospitalization with assistant, diagnosis or treatment which is not directly related to the illness that is the reason of hospitalization, diagnosis of injury or illness, treatment or diagnosis to find a cause which is not a medical necessity or not based on medical standard.
3. Treatment or rehabilitation for narcotic substance, cigarette, alcohol or psychotropic substances.
4. Treatment under experiment, treatment or diagnosis on obstructive sleep apnea, treatment or diagnosis on sleep disorders and snoring.
5. Expenses incurred from the diagnosis and treatment that the insured as physician prescribed for himself/herself and also such expenses that incurred from order of physician who is the insured's father, mother, spouse, or child.

### Waiting period

The Company shall not pay the benefit under this rider for any critical illnesses or abnormalities confirmed by a physician and clearly proven to be related with the critical illnesses under this rider, occurred within 90 days from the effective date of this rider, or the date that the Company approves to increase benefits of this rider, whichever is the latest. In this regard, in case the Company approves to increase benefits, the Company shall not cover the increasing benefits only.

# Coverage Schedule of Additional Health Coverage

## OPD Per Time and OPD Maochai

While this rider is still in force, if the insured receives injury due to accident or has illness that occurs after the waiting period and causes the insured to be treated as an outpatient in the hospitals or medical centers, the Company shall pay for the reasonable and necessary expenses that occurred from undergoing medical treatment performed based on medical necessity and medical standard, by the actual amount paid but not exceeding the amount that is specified in the benefit schedule.

### OPD Per Time

Lump sum OPD coverage	Benefits (Baht)						
	Plan 500	Plan 800	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500	Plan 3,000
Maximum actual outpatient medical expenses per time up to (Maximum 1 time per day)*	500	800	1,000	1,500	2,000	2,500	3,000
Maximum medical expense per year	15,000	24,000	30,000	45,000	60,000	75,000	90,000

\* The insured may receive an outpatient treatment once a day, up to 30 times a year. The treatment of a disease or its complication of the same disease is limited to 7 times. However, if on going treatment for the same disease is required, but the gap of such treatment from the last treatment is longer than 14 days, it shall be regarded as a treatment of new disease.

### OPD Maochai

Lump sum OPD coverage	Benefits (Baht)					
	Plan 15,000	Plan 20,000	Plan 25,000	Plan 30,000	Plan 50,000	Plan 100,000
General practitioner and specialist's consultation fees as well as fees of physical therapy, occupational therapy, diagnosis, laboratory examination, x-ray, ultrasound and medication (Medication fee benefit is up to 30 days after OPD treatment date.) (up to 2 times per day)	15,000	20,000	25,000	30,000	50,000	100,000

# Coverage Schedule of Additional Health Coverage

## OPD Per Time and OPD Maochai

While this rider is still in force, if the insured receives injury due to accident or has illness that occurs after the waiting period and causes the insured to be treated as an outpatient in the hospitals or medical centers, the Company shall pay for the reasonable and necessary expenses that occurred from undergoing medical treatment performed based on medical necessity and medical standard, by the actual amount paid but not exceeding the amount that is specified in the benefit schedule.

### OPD Per Time

Lump sum OPD coverage	Benefits (Baht)						
	Plan 500	Plan 800	Plan 1,000	Plan 1,500	Plan 2,000	Plan 2,500	Plan 3,000
Maximum actual outpatient medical expenses per time up to (Maximum 1 time per day)*	500	800	1,000	1,500	2,000	2,500	3,000
Maximum medical expense per year	15,000	24,000	30,000	45,000	60,000	75,000	90,000

\* The insured may receive an outpatient treatment once a day, up to 30 times a year. The treatment of a disease or its complication of the same disease is limited to 7 times. However, if on going treatment for the same disease is required, but the gap of such treatment from the last treatment is longer than 14 days, it shall be regarded as a treatment of new disease.

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	Plan 15,000	Plan 20,000	Plan 25,000	Plan 30,000	Plan 50,000	Plan 100,000
General practitioner and specialist's consultation fees as well as fees of physical therapy, occupational therapy, diagnosis, laboratory examination, x-ray, ultrasound and medication (Medication fee benefit is up to 30 days after OPD treatment date.) (up to 2 times per day)	15,000	20,000	25,000	30,000	50,000	100,000

# Coverage Schedule of Additional Health Coverage

## Maternity Plus

This endorsement is attached to and considered as part of the rider that this endorsement is attached to. All benefits under this endorsement will be paid when the insured meets the benefit payment provisions and conditions specified in the coverage conditions or when the insured has to be treated in a hospital or medical center according to medical necessity. The Company shall pay the following benefit for the expenses incurred or which arise from medical treatment based on medical necessity and medical standard according to general service rate, whichever the case may be. The benefits will be paid in accordance with the actual expense but not exceeding the benefit specified in the benefit schedule of the endorsement.

(Baht)

Brief Benefit	Plan 1	Plan 2
Child delivery expense, maximum per time		
• Natural child delivery, including cesarean section planned in advance <u>without</u> medical indication	60,000	150,000
• Cesarean section <u>with</u> medical indication	80,000	200,000
Cervical dilation and curettage fee in case of miscarriage	As charged	
Expenses due to pre- and post-natal complications		
Maximum benefit per policy year	2,000,000	4,000,000

### Remarks :

- The coverage area of Maternity Plus Endorsement is Thailand only.
- Maternity Plus Endorsement must be purchased to be attached to D Health Lite Rider which is still effective only.

### Waiting period

The Company shall pay benefit for expense of child delivery in a hospital or medical center after 280 days, for cervical dilation and curettage fee in case of miscarriage after 90 days, and for medical treatment expenses in a hospital or medical center due to pre- and post-natal complications after 280 days from the effective date of this rider.

## Well-Being Plus

This endorsement is attached to and considered as part of the rider that this endorsement is attached to. All benefits under this endorsement will be paid when the insured meets the benefit payment provisions and conditions specified in the coverage conditions or when the insured has to be treated in a hospital or medical center according to medical necessity. The Company shall pay the following benefit for the expenses incurred or which arise from medical treatment based on medical necessity and medical standard according to general service rate, whichever the case may be. The benefits will be paid in accordance with the actual expense but not exceeding the benefit specified in the benefit schedule of the endorsement.

(Baht)

Brief Benefit	Plan 1	Plan 2
Annual health checkup fee per policy year	5,000	10,000
Vaccination fee per policy year	4,000	6,000
Dentistry fee per policy year	10,000	15,000
Eye care fee per policy year	5,000	7,500

### Remarks:

- The coverage area of Well-Being Plus Endorsement is Thailand only.
- Well-Being Plus Endorsement must be purchased to be attached to D Health Lite Rider which is still effective only.

### Waiting period

The Company shall pay for the annual health checkup for the insured 1 time per year after one year, and vaccination fee, dentistry fee, and eye care fee after 30 days from the effective date of this endorsement.

## Underwriting Criteria

Health Coverage	Insurable Age	Renewal	
D Health Lite Rider	30 days - 90 years old*	Until the age of 98	Until the age of 99, or upon the maturity of the base plan
Care Plus Rider	30 days - 80 years old	Until the age of 98	Until the age of 99, or upon the maturity of the base plan
OPD Per Time	6 - 80 years old	Until the age of 98	Until the age of 99, or upon the maturity of the base plan
OPD Maochai	6 - 90 years old	Until the age of 98	Until the age of 99, or upon the maturity of the base plan
Maternity Plus Endorsement	15 - 49 years old	Until the age of 49	Until the age of 50, or upon the maturity of the base plan or rider
Well-Being Plus Endorsement	11 - 90 years old	Until the age of 98	Until the age of 99, or upon the maturity of the base plan or rider

\* In the case of age 30 days - 10 years old, only eligible to purchase the D Health Lite Rider with deductible or copayment.

Health checkup is subject to the Company's rules.

## General provisions of D Health Lite you should know before making a decision to purchase insurance are as follows:

### Renewal

This rider may be renewed on the policy anniversary date without having to provide evidence but the Company still reserves the right to adjust the premium rate as specified in the provision regarding "Premium Adjustment" as approved by the registrar, except in any of the following event, the Company shall reserve the right not to renew the rider. the Company must notify the insured in advance in writing not less than 30 days.

- 1) In case there is the evidence that the insured omits to disclose any fact in the insurance application form or reinstatement form, health declaration form and other declarations related to the formation of health insurance rider which is so material that the Company may be induced to charge higher premium, or refuse to enter into the insurance contract, or provide the coverage with conditions.
- 2) The insured makes a claim from the fact that he/she has requested for the treatment for injury or illness without medical necessity.
- 3) The insured makes total claims from all companies for compensation from hospitalization higher than the actual income.

In this regard, for the renewal of this rider, the Company reserves the right to amend the conditions of coverage by adding a condition requiring copayment from the insured according to the following rates and criteria.

- 1) Copayment at 30% of the covered expenses in cases where the insured has claimed benefits for simple diseases and has been hospitalized as an inpatient 3 or more times within the policy year, with a claim ratio under this rider exceeding 200%, or.
- 2) Copayment at 30% of the covered expenses in cases where the insured has claimed benefits for inpatient hospitalization 3 or more times within the policy year, with a claim ratio under this rider exceeding 400%, excluding claims for critical illness treatment and/or major surgeries.

If the claims of each insured under this rider meet the criteria (1) and (2), the Company shall impose a copayment condition of 50% of the covered expenses.

If the Company imposes a copayment condition on the insured and later the insured's claims or claim ratio decreases below the specified criteria, the Company shall consider reducing the copayment rate for the insured, in accordance with the Company's terms and conditions.

The claim ratio is calculated by dividing the total claims approved and paid by the Company during the policy year by the premium for that policy year.

If the Company adds a condition requiring copayment from the insured according to the rates and criteria above, the Company shall issue evidence regarding the copayment rates and criteria to the insured at least 15 days before the policy anniversary date.

## Premium Adjustment

The Company may adjust premium on the policy anniversary date according to the premium rate approved by the registrar due to the following factors.

- 1) Age and occupation class of each person.
- 2) Higher medical expenses or overall claim experience of the portfolio of this rider or claim experience of each insured whereby the Company shall notify the insured in writing via a registered mail or other means accepted by the insured at least 30 days in advance.

## Exclusions of D Health Lite Rider with a total of 21 clauses, for example:

This rider shall not cover medical expenses or damages incurred from injury or illness (including its complications), conditions, or abnormality that arises from:

1. Cosmetic surgery or any other diagnosis or treatments for skin beauty purposes, pimple, blemish, and freckles treatment, dandruff and hair fall treatment, or weight control, or elective surgeries, except for reconstructive surgery required after an accident incurred whilst the rider is effective.
2. Anti-aging diagnosis, treatment or prevention by consuming drugs or substances, hormone replacement therapy for peri-menopausal and postmenopausal women, male or female sexual malfunction, any sexual disorder treatments and sex change surgery.
3. Treatment or rehabilitation for narcotic substance, cigarette, alcohol or psychotropic substances.
4. Treatment under experiment, treatment or diagnosis on obstructive sleep apnea, treatment or diagnosis on sleep disorders and snoring.
5. Expenses incurred from the diagnosis and treatment that the insured as physician prescribed for himself/herself and also such expenses that incurred from order of physician who is the Insured's father, mother, spouse, or child.

## Waiting period

- (a) The Company shall not pay the benefit for any illness which incurs within 30 days from the effective date or the latest date of renewal of this rider, whichever is the latest.
- (b) Illnesses due to the following diseases or abnormalities (including its complications) which incur within 120 days from the effective date or the latest date of renewal of this rider, whichever is the latest

- |   |                        |                        |                          |
|---|------------------------|------------------------|--------------------------|
| 1. Tumors, cysts or all types of Cancer | 2. Hemorrhoid          | 3. All types of hernia | 4. Pterygium or cataract |
| 5. Tonsillectomy or adenoidectomy       | 6. All types of stones | 7. Varicose vein       | 8. Endometriosis         |

**Remarks:** • Underwriting is subject to the Company's rules.

- The coverage of The rider must not exceed The coverage period of The life insurance policy that this rider is attached to.
- Premium is eligible for tax deduction. Conditions are as specified by the Revenue Department.
- D Health Lite Rider must be purchased to be attached to the policy which is still effective.
- Applying for insurance, changing, or canceling a base-plan insurance policy or a rider may impact the premium amount eligible for annual personal income tax deduction.

Warning: Buyers should have an understanding in the details of coverage and conditions every time before making a decision to purchase insurance.

Disclaimer : This English translation is intended for reference only. The Thai version shall be the only legally binding version. In the event of discrepancy between the Thai version and the English translation, the Thai version shall always prevail

# D Health Lite

D Health Lite Rider

Lite: Easy Living

Comprehensive Coverage  
Flexible Choices  
Simple Payments,  
Total Coverage.



MUANG THAI LIFE ASSURANCE

## Happier and More Special with Privileges for Our Important Customers



**Muang Thai Smile Club Members**  
enjoy a variety of activities and privileges for all lifestyles.

- Be happy and smile with a variety of activities and privileges.
- Fulfilled with happiness by redeeming Smile Points via MTL Click Application anywhere and anytime, 24/7.
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- Find a specialized medical center
- Make appointment for hospitalization
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- Receive many more benefits

Muang Thai Life Assurance PCL only suggests the services to the customers.



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All-in-One Services from MTL to make it easy for you, convenient anywhere and anytime

**No concern about your policy. Wherever you are, you can receive our following services.**

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