



D Kids Plus Campaign

D kids Plus Campaign



**Plus Coverage to Confidently
Take Care of Kids According to Their Age Range**

D Kids Plus Campaign is a marketing name of D Health Plus Rider.





D kids Plus Campaign

**"The Important Beginning of
Development is Your Kids' Well-Being."**

Get coverage to plus important development for kids because they need space and freedom to learn during the growth age.

D Kids Plus Campaign is designed to provide health coverage for kids and alleviate medical expense burden with lump sum coverage for effective medical treatment for kids' healthy development. Parents can be at ease when their kids get sick.

Don't let kids' life suffer because of health, choose...

D Kids Plus Campaign

Lump sum coverage
up to 5 million Baht*

per hospitalization
Hospitalized in a standard single room
in any hospital

Entry age
**30 days old -
10 years old**

Customize as needed
for higher coverage



D Kids Plus helps pay exceeding amount

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

**Lump sum coverage up to 5 million Baht*
per hospitalization**



D Kids Plus provides long-term coverage

Entry age is **30 days old-10 years old**

Coverage until the **age of 99**



D Kids Plus is customized as needed

When growing up or upon retirement, you can reduce deductible amount for higher coverage.

No health declaration required

*For choosing plan with sum insured of 5 million Baht with deductible according to the chosen plan.



Choose the Right Plan for Kids

(Baht)

Coverage (per inpatient hospitalization)	Plan 1 MB		Plan 5 MB		
Maximum Benefit	1,000,000		5,000,000		
Deductible	20,000	50,000	30,000	50,000	100,000
Example Annual Insurance Premium Male aged 30 days - 5 years	68,619	31,831	55,399	32,778	7,905
Example Annual Insurance Premium Female aged 30 days - 5 years	73,984	34,131	59,235	35,044	8,050
Example Annual Insurance Premium Male aged 6 - 10 years	22,550	10,379	18,724	11,703	3,031
Example Annual Insurance Premium Female aged 6 - 10 years	25,207	10,550	19,573	11,862	3,080

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.

Plus Confidence for Kids

Medical expenses will be taken care of while savings are not disturbed.



Example Purchasing 5 MB plan with
30,000-Baht deductible

Illness / Injury
(hospitalized in a standard
single room) with expenses

Deductible
30,000

At own expense or
exercise the existing welfare

Maximum limit
5,000,000

D Kids Plus Campaign
helps take care of



D Kids Plus is customized as needed for different age ranges

Convertible Option

An option to reduce deductible **without health declaration**

The option can be exercised 1 time per the following age range

- **Age range 1: 11 - 15 years old**
- **Age range 2: 55 - 65 years old**

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

Example 1

30-day-old newborn

choosing the plan with 30,000-Baht deductible

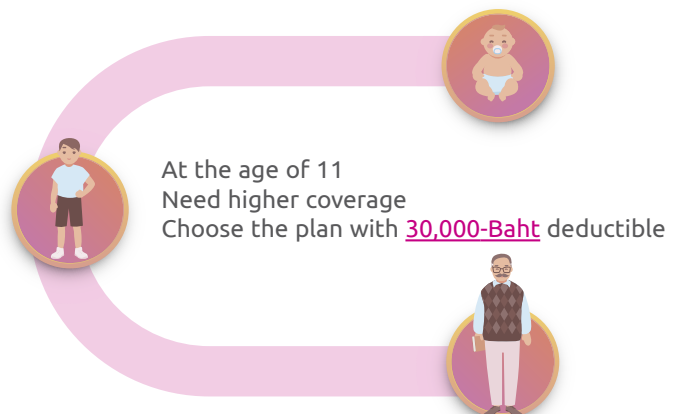


At the age of 55 upon retirement
Choose not the change the plan
for continuously having the plan without deductible

Example 2

30-day-old newborn

choosing the plan with 100,000-Baht deductible



At the age of 55 upon retirement
Having no existing welfare
Choose the plan without deductible

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



Coverage Schedule

D Kids Plus

Don't let illness disturb development of the kids. Plan today to be at ease when they get sick and for comprehensive treatment. Choose a hospital of your choice when they get sick, and feel undisturbed by medical expenses.

Take care of your kids in all life stages with **D Kids Plus Campaign** under the new health standard.



Coverage Schedule of D Kids Plus Campaign

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 deductible (if any) but not exceeding the benefit specified in the benefit schedule of this rider.

Brief Benefit	Plan 1 MB	Plan 5 MB
1. Inpatient benefits		
Section 1 Room, board, and hospital service expenses (inpatient) per inpatient hospitalization Total benefits of the subsection 1.1 and 1.2 must not exceed 180 days.		
Subsection 1.1 Room, board, and hospital service expenses (inpatient) per inpatient hospitalization	As charged (Total benefits must not exceed the starting standard single room fee.)	
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 inpatient hospitalization up to 60 days	As charged	
Section 2 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 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 7 days)	20,000 Baht	
Section 3 Attending medical professional (physician) fee per inpatient hospitalization (up to 180 days)	As charged	
Section 4 Surgical treatment expense (surgery) and medical procedure expenses per 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	
Section 5 Major surgery that does not require inpatient hospitalization (day surgery)	As charged	

Coverage Schedule of D Kids Plus Campaign (Continued)

Brief Benefit	Plan 1 MB		Plan 5 MB		
2. Non-inpatient benefits					
Section 6 Medical expenses for directly related diagnosis incurred before and after inpatient hospitalization or directly related outpatient medical expenses after inpatient hospitalization per 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				
Section 7 Outpatient medical expenses for injury within 24 hours after accident per time	As Charged				
Section 8 Rehabilitation fee after each inpatient hospitalization per inpatient hospitalization	As Charged				
Section 9 Medical expenses for chronic kidney failure treatment by hemodialysis per policy year	Not cover				
Section 10 Medical expenses for tumor and cancer treatment by radiotherapy, interventional radiology, nuclear medicine therapy per policy year	Not cover				
Section 11 Medical expenses for cancer treatment by chemotherapy per policy year	Not cover				
Section 12 Emergency ambulance fee	As Charged				
Section 13 Minor surgery treatment expenses	As Charged				
Cost sharing					
Deductible (per inpatient hospitalization) For total benefits of the sections 1 – 8 and 12 - 13	20,000 Baht	50,000 Baht	30,000 Baht	50,000 Baht	100,000 Baht
Copayment (After deducting deductible per inpatient hospitalization) For total benefits of the sections 1-8 and 12-13	None				
Maximum benefit					
Total benefits of the sections 1-8 and 12-13 per inpatient hospitalization after deducting deductible and copayment (if any)	1,000,000 Baht		5,000,000 Baht		
Maximum benefit per policy year	None				

Remark : The coverage area of D Kids Plus Campaign 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.

Underwriting Criteria

Health Coverage	Insurable Age	Renewal	Coverage Period
D Kids Plus Campaign	30 days old - 10 years old	until the age of 98	Until the age of 99 or upon the maturity date of the base plan

Health checkup is subject to the Company's rules.

General provisions 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 Plus Rider (new health standard) 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 perimenopausal 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.

- Premium is eligible for tax deduction. Conditions are as specified by the Revenue Department.
- D Kids Plus Campaign is a marketing name of D Health Plus Rider.
- Maternity Plus and Well-Being Plus can be purchased to be attached to D Kids Plus Campaign when attaining the specified age.
- D Health Plus 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.



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.
- Be happier with top-notch experience from being a member in The Ultimate & Beyond Prestige Tier.



MTL
HEALTH
BUDDY

Comprehensive Health Care Privileges for MTL Customers

Health privileges for our valued customers to consult
MTL Health Buddy by calling Tel. 0 2290 2424, press 3,
for the following health services and benefits.

- Consult about health problems
- Find a specialist physician
- Find a specialized medical center
- Make appointment for hospitalization
- Targeted therapy
- Receive advice and consult a pharmacist by phone
- Receive many more benefits

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



MTL Click Application

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.

- Check policy information
- Make online claim
- Pay premiums
- Consult physician online
- Make a transaction through video call service
- Redeem Smile Points
- Many more benefits



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Phone number Sales presentation date

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