

Extra Coverage, for Exceeding Medical Expenses Extra Care Campaign (N) (UDR) for Investment-Linked Insurance Plan⁽¹⁾

mtl | Investment



⁽¹⁾A rider with insurance premium payment deducted from the investment value for universal life insurance policy and unit-linked insurance policy.



**Extra Care
Campaign (N)
(UDR)**
fixed premiums
payment ⁽¹⁾

Extra coverage to cope with exceeding medical expenses



Extra coverage for
expenses exceeding your benefit limit



Coverage for
room, board, and daily nursing expenses
up to **4,000 Baht⁽³⁾** per day



Coverage for medical expenses
Up to 400,000 Baht⁽²⁾
per inpatient hospitalization



Insurable age is from 11 to 90 years
With coverage period until the **age of 99 years⁽⁴⁾**

Remarks:

(1) Premium Payment Period : Deduction from the investment value at the beginning of each month.

(2) For Plan 3 and 4

(3) For Plan 4

(4) Or as long as the investment value is sufficient to cover the insurance cost of the rider. The coverage period must not exceed the coverage period of the life insurance policy that this rider is attached to.

Warning: Buyers should understand details of coverage, conditions and risks before making a decision to purchase insurance

Extra Care (N) (UDR)

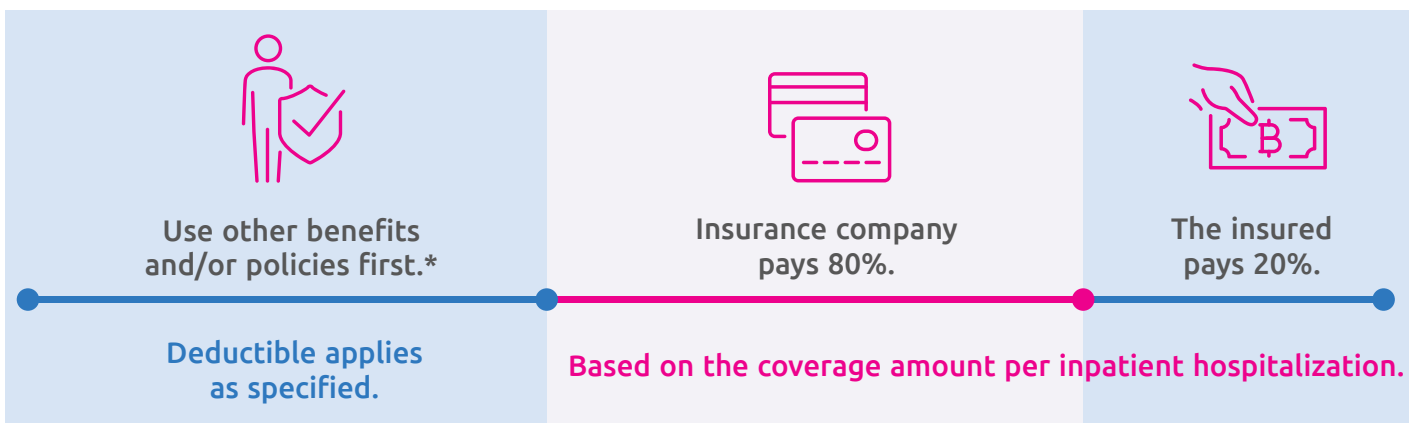
provides comprehensive medical expense coverage
with deductibles and copayments,
making it more affordable than ordinary health insurance coverage.

What is a Deductible?

The amount that the insured must claim under other benefits and/or policies* as specified in total with other insurance companies. Any expenses exceeding this amount shall be covered under the copayment feature of Extra Care (N) (UDR).

What is Copayment?

The portion of medical expenses exceeding the deductible amount, which both the insurance company and the insured shall be responsible for under the coverage of Extra Care (N) (UDR).



*In cases where the insured has other benefits and/or policies with any company, as per their existing entitlements; if such coverage is not available, the insured will be responsible for the expenses.

Example: A male insured, aged 35, employed by a private company, in excellent health, and covered by a company health benefit plan, which includes coverage for room fee up to 2,000 Baht per day and surgery and other medical expenses up to 40,000 Baht per inpatient hospitalization, took out the **Extra Care Health Rider (N) (UDR) Plan 4**, attached to **mDesign**. Assuming return rates of 5% and -1%.

Sum Insured 525,000 Baht		Annual Premium 35,000 Baht		Premium Payment Period 20 Years
Age	Investment Value E(R) = 5%	Death Benefit E(R) = 5%	Investment Value E(R) = -1%	Death Benefit E(R) = -1%
35	20,528	525,000	20,427	525,000
40	156,056	525,000	136,090	525,000
50	588,130	693,130	375,728	525,000
60	1,026,043	1,131,043	366,746	525,000
70	1,442,889	1,547,889	127,429	525,000
80	1,768,094	1,873,094	-	-
90	2,600,463	2,705,463	-	-
98	3,540,995	3,645,995	-	-

Example: A female insured, aged 35, employed by a private company, in excellent health, and covered by a company health benefit plan, which includes coverage for room fee up to 2,000 Baht per day and surgery and other medical expenses up to 40,000 Baht per inpatient hospitalization, took out the **Extra Care Health Rider (N) (UDR) Plan 4**, attached to **mDesign**. Assuming return rates of 5% and -1%.

Sum Insured 525,000 Baht		Annual Premium 35,000 Baht		Premium Payment Period 20 Years
Age	Investment Value E(R) = 5%	Death Benefit E(R) = 5%	Investment Value E(R) = -1%	Death Benefit E(R) = -1%
35	20,528	525,000	20,428	525,000
40	156,286	525,000	136,338	525,000
50	578,688	683,688	369,644	525,000
60	1,010,795	1,115,795	363,932	525,000
70	1,449,234	1,554,234	163,998	525,000
80	1,857,491	1,962,491	-	-
90	2,787,119	2,892,119	-	-
98	3,837,135	3,942,135	-	-

- Remarks:**
- Example showing calculations as of July 2023 is for illustrative purposes only. It is an assumption to aid understanding and does not represent the actual returns that will be received from the policy. Returns depend on the investment conditions of the mutual funds. If the actual investment returns of the customer be lower than those shown in the table, it may impact certain policy features such as the partial withdrawal of the investment, and the policy may be terminated before reaching the age of 99, affecting the value of benefits and coverage as indicated in the table.
 - For the insured who has high-risk investment portfolio or considerably invests in risky assets, in case situation of investment is not as expected, investment value might decrease which might not be sufficient for policy expenses. As a result, the insured may have to pay top-up premium.
 - The 20-year premium payment period allows for a premium holiday starting from the 21st policy year.
 - **mDesign** campaign is a marketing name of Muang Thai Unit-Linked 1 Insurance Plan (regular premium).

- Warnings:**
- Buyers should understand details of coverage, conditions and risks before making a decision to purchase insurance.
 - Partial withdrawal of the investment reduces the investment value, and the policy may be terminated before the specified age. Partial withdrawals may incur fees as specified in the policy.
 - Premium holiday may reduce the benefits and coverage.

Brief Coverage Schedule

When the insured has an injury or an illness that occurs after the waiting period and has medical necessity to undergo medical treatment in the hospital. The Company shall pay the following benefit 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 but not exceeding the benefit specified in the benefit schedule of this rider or endorsement (if any).

Brief Benefits	Plan 1	Plan 2	Plan 3	Plan 4
1. Inpatient Benefits				
Section 1 Room, board, and hospital service expenses (inpatient) per inpatient hospitalization combined with hospitalization in intensive care inpatient room, up to 120 days In case the insured is treated in intensive care inpatient room, the Company shall pay for room, board, and hospital service expenses (inpatient) at 2 times the benefits for room, board, and hospital service expenses (inpatient), up to 15 days, combined with the benefits for room, board, and hospital service expenses (inpatient), up to 120 days.	1,000 Baht/day	1,500 Baht/day	2,000 Baht/day	4,000 Baht/day
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)	1,000 Baht	1,000 Baht	1,000 Baht	1,000 Baht
Section 3 Attending medical professional (physician) fee per inpatient hospitalization (up to 120 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			

Brief Coverage Schedule (Cont.)

Brief Benefits	Plan 1	Plan 2	Plan 3	Plan 4
2. Non-inpatient benefits				
Section 6 Medical expenses for directly related diagnosis incurred before and after inpatient hospitalization or directly related continuous 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	Not cover			
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)	Not cover			
Section 7 Outpatient medical expenses for injury within 24 hours after accident per time	Not cover			
Section 8 Rehabilitation fee after each inpatient hospitalization per inpatient hospitalization	Not cover			
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, including targeted therapy, per policy year	Not cover			
Section 12 Emergency ambulance fee	As charged, not over benefits of Section 1			
Section 13 Minor surgery treatment expenses	Not cover			
Cost sharing				
Deductible (per inpatient hospitalization) for total benefits of Sections 2 - 5 and 12	20,000 Baht	30,000 Baht	40,000 Baht	40,000 Baht
Copayment (after deducting deductible per inpatient hospitalization) for total benefits of Sections 2 – 5 and 12	80 Percent: 20 Percent (Insurance Company: Insured)			
Maximum benefit				
Total benefits of Sections 2 – 5 and 12 per inpatient hospitalization after deducting deductible and copayment (if any)	200,000 Baht	300,000 Baht	400,000 Baht	400,000 Baht
Maximum benefit per policy year	Not applicable			

Underwriting Criteria

Health Coverage	Insurable Age	Coverage Period	Other Conditions
Extra Care (N) (UDR)	11 - 90 years old	Renewable until the age of 98, and the coverage is provided until the age of 99 or as long as the remaining investment value is sufficient to cover the cost of insurance of the rider	Able to purchase more than 1 contract of Extra Care (N) (UDR) for universal life insurance policies and unit-linked insurance policies
Underwriting and health checkup are subject to the Company's rules. Extra Care Plus is a marketing name of Extra Care Health Rider (N) (UDR)			

General provisions you should know before making a decision to purchase insurance are as follows:

The Company shall neither contest nor object the validity of this rider

when this rider is in force while the insured is alive from 2 years onwards from the effective date of this rider or the date that the insured has entered into this rider with the Company for at least 2 years consecutively or the date that the Company approves to increase the benefits under this rider, whichever is the latest. In case the Company approves to increase the benefits, the Company shall be able to either contest or object the validity of the rider for the increased benefits only.

Renewal of Policy on Anniversary Date

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 General Provisions under "Premium Adjustment" as approved by the registrar, except in any of the following events, the Company shall reserve the right not to renew the rider whereby the Company shall notify the insured at least 30 days in advance in writing.

- 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 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 Extra Care Health Rider (N) (UDR) 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) Conditions resulting from congenital abnormality or congenital disability or genetic disorder or physical developmental abnormality unless the rider has been effective for at least one year (1 year) and symptom is symptomatic after the insured attains the age of 16.
- 2) 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.
- 3) Pregnancy, miscarriage, abortion, childbirth, any pregnancy complications, infertility resolutions (including diagnosis and treatment), sterilization or birth control, except Choriocarcinoma.
- 4) AIDS, venereal disease, or sexually transmitted diseases.

Waiting Period

- (a) The Company shall not pay the benefit for any illness which incurs within 30 days from the effective date or the date when the Company approves to increase the benefits of this rider, whichever is the latest; or
- (b) The following diseases which incur within 120 days from the effective date or the date when the Company approves to increase the benefits 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 |

In case the Company approves to increase benefits, the Company shall not provide coverage for the increased benefits only. Conditions of the waiting period shall not be applied if the insured has injury or emergency surgery which is not caused by pre-existing conditions.

Exclusions

For example, pre-existing conditions including chronic disease, injury or illness (including complications) that is not cured before the initial effective date of this rider, unless

- 1) The insured has declared to the Company and the Company has approved to accept risk without exclusions of such coverage; or
- 2) Chronic disease, injury or illness (including its complications) is asymptomatic and has not been treated or diagnosed by a physician, or has not been seen or consulted a physician within 5 years before the initial effective date of this rider, and within 3 years from the initial effective date of this rider.

Warning: Buyers should understand details of coverage, conditions and risks before making a decision to purchase insurance.



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