

Smart Health (N) (UDR) for Unit-Linked Life Insurance⁽¹⁾



มทล | Investment



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



Hospitalized or not, receive medical coverage of up to **3,000,000 Baht⁽¹⁾** per year



Comprehensive coverage for emergency ambulance services, surgical fees, and other in-hospital medical expenses



Lump sum coverage on room, board, and hospital service expenses up to **6,000 Baht⁽¹⁾** per day, doubled when admitted to the ICU



Receive a death grant of **10,000 Baht**



Receive up to **3,000 Baht⁽¹⁾** per visit for follow-up treatment after hospital discharge



Insurable from 11 – 75 years old with coverage up to **81 years old⁽²⁾**



Coverage for dialysis, chemotherapy, and radiotherapy up to **120,000 Baht⁽¹⁾** per year

Underwriting criteria:

- Insurance premium payment: Deduction from the investment value at the beginning of policy month
- Underwriting and health checkup: Subject to the Company's rules

Remark:

⁽¹⁾ For Plan 3

⁽²⁾ The coverage period must not exceed the coverage period of the life insurance policy that this rider is attached to, and as long as the investment value is sufficient to cover the insurance cost of the rider.

Brief Coverage Schedule

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 expenses but not exceeding the benefit specified in the benefit schedule.

| Brief Benefits | Plan 1 | Plan 2 | Plan 3 |
|--|------------|------------|------------|
| 1. Inpatient benefits | | | |
| Section 1 Room, board, and hospital service expenses (inpatient) per inpatient hospitalization (per day, up to 150 days). In case the insured is treated in the 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 30 days. | 2,000 | 4,000 | 6,000 |
| 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 | As charged | As charged |
| Subsection 2.2 Medical expenses for treatment, blood bank and blood components expenses, and nursing service fee | As charged | As charged | As charged |
| Subsection 2.3 Medication expenses, intravenous nutrition expenses, and medical supply expenses | As charged | As charged | As charged |
| Subsection 2.4 Expenses for home medication and disposable medical supply (medical supply 1) (up to 7 days) | 1,500 | 2,000 | 3,000 |
| Section 3 Attending medical professional (physician fee) per inpatient hospitalization (per day, up to 150 days). | 1,200 | 2,400 | 3,600 |
| 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 | As charged | As charged |
| Subsection 4.2 Medical expenses, intravenous nutrition expenses, medical supply expenses, and surgical equipment and medical procedure expenses | As charged | As charged | As charged |
| Subsection 4.3 medical professional performing surgery and medical procedure fee for surgeon and surgeon's assistant (doctor fee) | As charged | As charged | As charged |
| Subsection 4.4 Anesthesiologist fee (doctor fee) | As charged | As charged | As charged |
| Subsection 4.5 Organ transplantation fee | As charged | As charged | As charged |
| Section 5 Major surgery that does not require inpatient hospitalization (day surgery) | As charged | As charged | As charged |

Brief Coverage Schedule (Cont.)

| Brief Benefits | Plan 1 | Plan 2 | Plan 3 |
|--|----------------|----------------|----------------|
| 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 | As charged | As charged | 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) (up to 2 times perinpatient hospitalization) | 1,000 | 2,000 | 3,000 |
| Section 7 Outpatient medical expenses for injury within 24 hours after accident per time | 10,000 | 15,000 | 20,000 |
| Section 8 Rehabilitation fee after each inpatient hospitalization per inpatient hospitalization | Not cover | Not cover | Not cover |
| Section 9 Medical expenses for chronic kidney failure treatment by hemodialysis per policy year | 60,000 | 90,000 | 120,000 |
| Section 10 Medical expenses for tumor and cancer treatment by radiotherapy, interventional radiology, nuclear medicine therapy, per policy year | | | |
| Section 11 Medical expenses for cancer treatment by chemotherapy per year | | | |
| Section 12 Emergency ambulance fee | As charged | As charged | As charged |
| Section 13 Minor surgery treatment expenses | Not cover | Not cover | Not cover |
| Cost sharing | | | |
| Deductible (specify in – Baht per inpatient hospitalization) | Not applicable | Not applicable | Not applicable |
| Copayment (specify in – % of expenses under the coverage) | Not applicable | Not applicable | Not applicable |
| Maximum benefit | | | |
| Total benefits of Sections 1 – 7 and 12 per inpatient hospitalization | 500,000 | 1,000,000 | 1,500,00 |
| Total benefits of Sections 1 – 7 and 12 per inpatient hospitalization from accident | 1,000,000 | 2,000,000 | 3,000,000 |
| Maximum benefit per policy year | 1,000,000 | 2,000,000 | 3,000,000 |
| Other benefits of the endorsement | | | |
| Death benefit | 10,000 | 10,000 | 10,000 |

Underwriting Criteria

| Health Coverage | Insurable Age | Coverage Period | Other Conditions |
|---|-------------------|--|---|
| Smart Health Rider (N) (UDR) | 11 - 75 years old | Renewable until the age of 80, and the coverage period is provided until the age of 81 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 Smart Health Rider (N) (UDR) for universal life insurance policies and unit-linked insurance policies. |
| Underwriting and health checkup are subject to the Company's rules. | | | |



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 Smart Health Rider (N) (UDR) with a total of 21 clauses, for example:

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

- 1) Cosmetic surgery or any other diagnoses or treatments for skin beauty purposes, pimple, blemish, freckle, dandruff, hair fall or weight control, or elective surgeries, except for reconstructive surgery required due to accident under the coverage.
- 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) Diagnosis and treatments of ophthalmic disorders and LASIK Surgery, expenses on visual aids or treatment of vision abnormality.
- 4) Treatment or rehabilitation for narcotic substance, cigarette, alcohol or psychotropic substances.
- 5) Diagnosis and treatment other than conventional medicine, including alternative medicine.

Waiting Period

- 1) Any illness which incurs within 30 days from the effective date of this rider or the date the Company approves the increase in benefits of this rider, whichever is the latest, or;
- 2) The following illnesses which incur within 120 days from the effective date or the date the Company approves the increase in benefits of this rider, whichever is the latest:

- | | | | |
|--|-------------------------|-------------------|---------------------------|
| (1) Tumors, cysts or all types of cancer | (2) Hemorrhoid | (3) 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: 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.

Insurance cost of this rider is eligible for personal income tax deduction according to the Notification of the Director-General of the Revenue Department on Income Tax No. 383.

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



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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 advice and consult a pharmacist by phone
- Receive many more benefits

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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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