



# Extra Care Plus Campaign

Health coverage that gives you more than  
**Top up** welfare or health insurance



mtl | Health



**Illness** is a thing that everyone does not want to happen to themselves and to their loved ones. Nowadays, the medical expenses are more expensive. What to do when the existing welfare is not enough anymore?



Help pay for medical expenses in excess



Lump sum payments for medical expenses



Maximum room fee up to 4,000 Baht<sup>(1)</sup>



Maximum Coverage 500,000 Baht<sup>(1)</sup>  
Per inpatient hospitalization



Inexpensive premiums, starting at 285 Baht per month<sup>(2)</sup>



Premium is eligible for tax deduction.

**Remarks :**

(1) For Plan 3, deductible of 20,000 Baht per inpatient hospitalization

(2) For plan 1, the insured in the age of 11-20 years old who is healthy

- The Extra Care Plus Campaign is the marketing name of the Extra Care (N) Health Rider which is a health rider according to the new health standard.

- Extra Care (N) Health Rider must be purchased and attached to the existing policy.

- Underwriting is subject to the Company's rules.

- Premium is eligible for tax deduction. Conditions are as specified by the Revenue Department.

- 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.

**The Extra Care Plus Campaign** pays for medical expenses with lump sum medical expenses with deductible and copayment to reduce the insurance premiums from general health coverage.

### What is deductible?

Expenses that the insured must reimburse with other welfare benefits and/or other policies\* as specified in conjunction with an insurance company for the excess expenses.

Extra Care Plus Campaign will provide coverage as a copayment.



To reimburse with other welfare benefits and/or other policies\*



Covered by Extra Care Plus Campaign

Deductible as specified

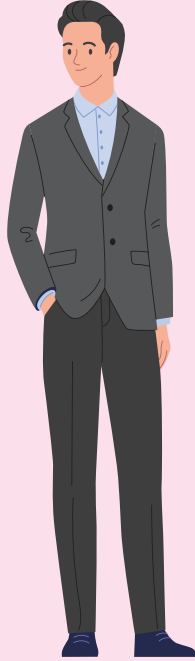
According to coverage limit per treatment

\*For the case that the insured has other benefits and/or other policies with any company according to the rights belonging to the insured. If none, the insured must be responsible for the expenses.

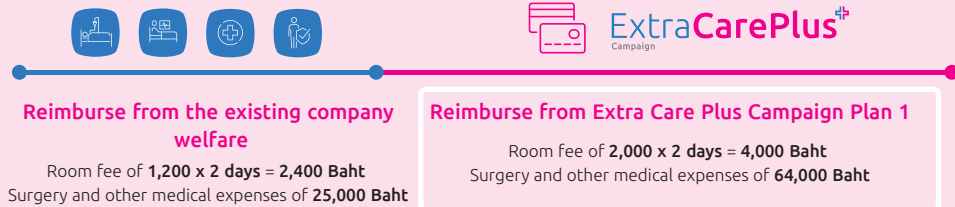
## Brief Coverage Schedule

| Brief Benefits  |   | Plan 1             | Plan 2             | Plan 3 |
|---|---|--------------------|--------------------|--------|
| 1. Inpatient benefits   |   |                    |                    |        |
| <b>Section 1</b> Room, board, and hospital service expenses (inpatient) per any inpatient hospitalization combined with hospitalization in intensive care inpatient unit, up to 120 days<br>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 benefit according to the first paragraph, up to 15 days. When combined with the benefit of room, board, and hospital service expenses (inpatient), this shall not exceed 120 days. | 2,000 Baht per day  | 4,000 Baht per day | 4,000 Baht per day |        |
| <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 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         |        |
| <b>Section 3</b> Attending medical professional (physician) fee per inpatient hospitalization up to 120 days  | As charged  |                    |                    |        |
| <b>Section 4</b> 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 Maximum organ transplantation fee  | As charged  |                    |                    |        |
| <b>Section 5</b> Maximum major surgery that does not require inpatient hospitalization (day surgery)  | As charged  |                    |                    |        |
| 2. Outpatient benefits  |   |                    |                    |        |
| <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 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   |                    |                    |        |
| <b>Section 7</b> Outpatient medical expenses for injury within 24 hours after accident per time   | Not cover   |                    |                    |        |
| <b>Section 8</b> Rehabilitation fee after each inpatient hospitalization per inpatient hospitalization  | Not cover   |                    |                    |        |
| <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 tumor or cancer treatment by radiotherapy, interventional radiology, nuclear medicine therapy per policy year  | Not cover   |                    |                    |        |
| <b>Section 11</b> Medical expenses for tumor or cancer treatment by chemotherapy per policy year  | Not cover   |                    |                    |        |
| <b>Section 12</b> Emergency ambulance fee   | As charged<br>(but not exceeding the benefits in the section 1) |                    |                    |        |
| <b>Section 13</b> Minor surgery treatment expenses  | Not cover   |                    |                    |        |
| Cost sharing  |   |                    |                    |        |
| Deductible (per inpatient hospitalization) for the benefits in the sections 2-5 and 12  | 20,000 Baht   | 20,000 Baht        | 20,000 Baht        |        |
| Copayment (after deductible per inpatient hospitalization) for the benefits in the sections 2-5 and 12  | 100% : 0%<br>(Insurer : Insured)                                |                    |                    |        |
| Maximum benefit   |   |                    |                    |        |
| Total benefits of the sections 2-5 and 12 per inpatient hospitalization after deductible and copayment (if any).  | 200,000 Baht  | 200,000 Baht       | 500,000 Baht       |        |
| Maximum benefit per policy year   | None  |                    |                    |        |

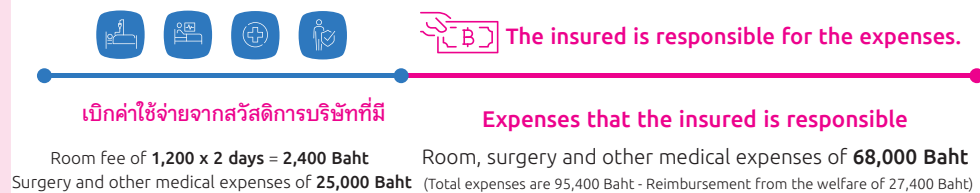
**For example 1:** Khun A, 28 years old, is in good health and works for a private company, A Company Limited. He/she is provided with employee welfare of A Company Limited which covers room fee of 1,200 Baht per day, surgery and other medical expenses of 25,000 Baht per inpatient hospitalization. Khun A requires appendix surgery and needs to be hospitalized for **2 nights**. The room fee is 3,200 Baht x 2 days = 6,400 Baht. Surgery and other medical expenses are 89,000 Baht, **95,400 Baht in total**.



**For example: In case of having Extra Care Plus Campaign Plan 1**



**For example: In case of no coverage from Extra Care Plus Campaign**



**For example 2:** Khun B, 25 years old, is in good health and owns their own business.

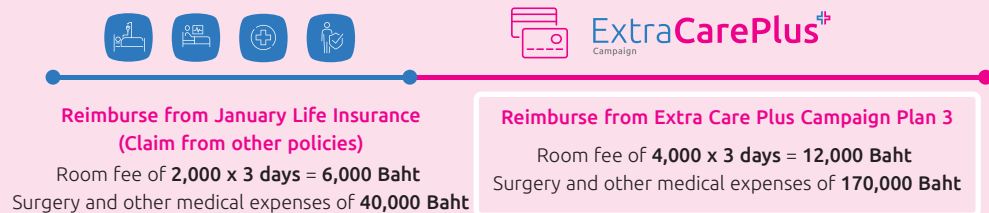
He/she is covered by a health insurance from January Life Insurance which covers room fee of 2,000 Baht per day, surgery and other medical expenses of 40,000 Baht per inpatient hospitalization.

Khun B has lung and respiratory disorders which need a surgery and need to be hospitalized for 3 nights.

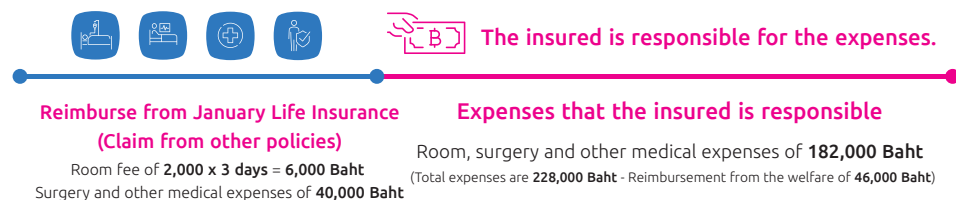
The room fee is 6,000 Baht x 3 days = 18,000 Baht. Surgery and other medical expenses are 210,000 Baht, **228,000 Baht in total**.



**For example: In case of having Extra Care Plus Campaign Plan 3**



**For example: In case of no coverage from Extra Care Plus Campaign**



## Underwriting Criteria

|                        |  |
|------------------------|--|
| <b>Insurable Age</b>   | <b>Insurable age is from 11 - 90 years old, renewal until the age of 98.</b> |
| <b>Coverage Period</b> | <b>Until the age of 99, or upon the maturity of the base plan</b>            |
| <b>Health checkup</b>  | <b>is subject to the Company's rules.</b>                                    |

### 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 Plus (N) Campaign 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. 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 surgeries, 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

(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, or

(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         |

**Warning:** Buyers should have an understanding in the details of coverage and condition 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.



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