

เมืองไทย
ประกันชีวิต

D Health+Plus

D Health Plus Rider



Get It Easily
and be covered
to the max

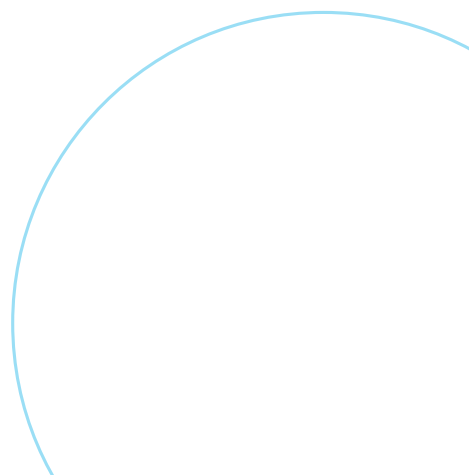
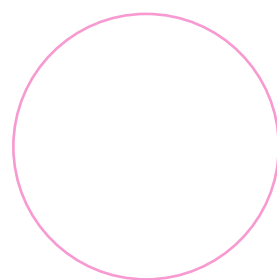
Plus **Ultimate Coverage**
as you wish

D Health Plus Rider

Plus additional coverage to help you live your life to the fullest.

Plan your health in advance. When you get sick, your medical expenses will be taken care of while your savings are not disturbed.

You can plus ultimate coverage as you wish.



D Health+Plus

Get It Easily and Be Covered to the Max

Lump sum coverage
up to 5 million Baht⁽¹⁾
per hospitalization

Coverage for hospital admission including OPD benefit for continuous treatment and rehabilitation

It covers standard single 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 11-90 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



Hospitalized in a standard single room
in any hospital



Options of your choice

Choose lump sum benefit paid for you from the first Baht or
Choose deductible plan to reduce insurance premiums



Customize as needed

After retirement, you can reduce deductible amount for higher coverage.
No health declaration required



Plus ultimate coverage as you wish

Care Plus, OPD Per Time, OPD Maochai, Maternity Plus and Well-Being Plus

(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	None	20,000	50,000	None	30,000	50,000	100,000
<u>Example</u> Annual Insurance Premium Male aged 35 years	21,548	14,290	9,343	22,109	12,423	10,496	4,523
<u>Example</u> Annual Insurance Premium Female aged 35 years	22,894	16,611	9,629	23,492	13,633	10,816	4,684

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.

Who Should Purchase D Health Plus

Freelance: No existing welfare

Purchasing 5 MB plan of D Health Plus without deductible
Male aged 35 years: annual premium of **22,109 Baht**



Illness
(hospitalized in a
standard single room)
with expenses of
200,000 Baht

D Health Plus
provides coverage
from the first Baht
200,000 Baht

Maximum benefit
5,000,000 Baht

**Receive
coverage
to the max**

Salaried employee: existing welfare of 30,000 Baht

Purchasing 5 MB plan of D Health Plus with 30,000 Baht deductible
Male aged 35 years : annual premium of **12,423 Baht**



Illness
(hospitalized in a
standard single room)
with expenses of
200,000 Baht

**Exercise
the existing
welfare of
30,000 Baht**

D Health Plus
pays the exceeding
amount of
170,000 Baht

**Maximum
benefit**
5,000,000 Baht

**Lower premium,
no overlapping
premium payment**

D Health Plus, Change to Suit Your Needs

Convertible Option

You can choose to reduce deductible **without health declaration required** during the age of 55-65 while having D Health Plus for at least 5 consecutive years. Conditions are as specified by the Company.

Example Change of plan based on age range

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.

Additional Coverage

You can choose together with D Health Plus



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⁽²⁾ 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](#)

(2) 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 Plus

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

Plus additional health coverage with D Health Plus Rider under the new health standardtt

Coverage Schedule of D Health Plus

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 Health Plus (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	0 Baht	20,000 Baht	50,000 Baht	0 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 Health Plus Rider 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.

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Buy Additional Coverage of Your Choice.

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.

Benefits of this rider

Brief Inpatient and Outpatient Benefits	Benefits (Baht)	
	1,000,000	5,000,000
1. Medical expenses for Cancer treatment	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	
2. Medical expenses for Mental Illness treatment	10,000	50,000
- 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		
Maximum benefit per policy year	1,000,000	5,000,000

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
1. Medical expenses for Chronic Kidney Failure treatment	As charged	
<ul style="list-style-type: none"> - 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		
2. Medical expenses for Mental Illness treatment	100,000	
<ul style="list-style-type: none"> - 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
Maximum benefit per policy year	1,000,000	5,000,000

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

Exclusions of OPD Per Time and OPD Maochai are different from each other in some items. Please study the conditions before making a decision to purchase an insurance every time. There are a total of 26 exclusions, such as:

The rider shall not cover Inpatient hospitalization incurred from injury or illness (including its complications), conditions, or abnormality that arises from:

1. Chronic disease, illness or injury that has not been cured prior to the insurance contract issue date, treatment for congenital disorder, or pervasive developmental disorder or genetic disorder.
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.
4. 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.
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.
- (b) The Company shall not pay the benefit for any illness 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 | 5. Tonsillectomy or adenoidectomy |
| 2. Hemorrhoid | 6. All types of stones |
| 3. All types of hernia | 7. Varicose vein |
| 4. Pterygium or cataract | 8. Endometriosis |
- (c) The Company shall not pay the benefit for any illness due to the following diseases or abnormalities (including its complications) which incur within 180 days from the effective date or the latest date of renewal of this rider, whichever is the latest.
- | | |
|--------------------|--------------------|
| 1. Thyroid disease | 5. Hypertension |
| 2. Epilepsy | 6. Heart disease |
| 3. Diabetes | 7. Stomach disease |
| 4. Allergy | |

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 Plus 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 Plus 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	Coverage Period
D Health Plus Rider	11-90 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

Health checkup is subject to the Company's rules.

General provisions of D Health Plus Rider 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 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 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.



D Health+Plus

D Health Plus Rider

Get It Easily and Be Covered to the Max
Plus Ultimate Coverage as You Wish



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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Sales representative ID LINE

Phone number Sales presentation date

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Tel. **1766**, Available **24/7**

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