PACIFIC CROSS
HEALTH INSURANCE PCL

A member of the Pacific Cross Group of Companies

เอกสารสรุปข้อกำหนดและเงื่อนไขทั่วไป ข้อตกลงคุ้มครอง และข้อยกเว้น กรมธรรม์ประกันภัยสุขภาพและอุบัติเหตุ “ไลฟ์สไตล์ ซีรีย์”

SUMMARY OF HEALTH & ACCIDENT INSURANCE POLICY *“LIFESTYLE SERIES”*

Experience Matters

ENGLISH TRANSLATION

Health and Accident Insurance "Lifestyle Series"

In reliance upon the Insured's statement of the insurance application which is considered a part of this Insurance Policy and in return of the premium that the Insured pays subject to General Terms and Conditions, coverage conditions, exclusions and attachments of this Insurance Policy, the Company promises to those covered as follows:

Section 1. Definitions

Any statement and description which have a specific meaning given in any part of this Insurance Policy shall be considered to have the same meaning regardless of which part they appear in unless otherwise specified in this insurance policy.

Company	means	Pacific Cross Health Insurance Public Company Limited
Insurance Policy	means	The Policy Schedule, Benefits Table, General Terms and Conditions, Insuring Agreement, Exclusions, Specification of Endorsements, Special Statements, Certifications, Endorsements, Renewal Certificate and Essence Summarization of this Insurance Policy, which are considered as part of this insurance contract.
Insured	means	The person(s) whose name is specified in this Policy Schedule, as the Insured person.
Dependent	means	The person(s) under the Insured's patronage who is named as specified in the Policy Schedule as follows: 1) The Insured's spouse whose age is not greater than 99 years old, 2) Legal children of the Insured or the Insured's spouse whose age is from 15 days old but not older than 23 years old, unmarried and is in full time study.
Covered Person	means	The Insured and/or the Insured's dependent(s) only whose name is/are specified in this Policy Schedule.
Accident	means	An immediate (sudden) unexpected event caused by external factors resulting in impact that the Insured does not intend or expect.
Injury	means	Bodily injury which is caused directly and solely from an accident and is independent from other causes.
Illness	means	Symptoms, irregularity, sickness or diseases that the Covered Person suffers.
Physician	means	A person with a medical degree, legally registered with the Medical Council to render medical and surgical treatment within the territory he/she is licensed.
Dentist	means	A person with a dental degree, legally registered with the Dental Council to render dental treatment within the territory he/she is licensed.
Dentistry	means	Performance being done to humans in order to diagnosis undertake rehabilitation or prevention of dental diseases, diseases of organs related to teeth, oral cavity, jaw, and facial bones which are related to the jaw including any surgeries and performance for rehabilitation of the mouth, jaw, facial bones that are related to the jaw and dental treatments.
Dental Prosthodontics	means	A branch of dentistry in relation with taking care of, restoration of natural teeth, and/or a replacement of organs into an oral cavity and facial bones that are connected to the jaw with artificial organs or prosthesis in order for them to look normal and work well.
Specialist	means	The Physician receiving an approved certificate or a certificate of proficiency from the Medical Council or an Institute equivalent to Medical Council. The Specialist is not the Physician in charge of the patient. He/she gives opinion, examines or provides treatment to the patient together with the Physician in charge.
Surgeon	means	The person permitted to perform medical treatment by the Medical Council or equivalent in surgery and treatment in the territory where such person is granted to perform his/her duty.
Nurse	means	The person(s) who is licensed to practice nursing duties according to the law.
Nursing Services Fees	means	Routine expenses charged by a Hospital or Medical Center for nursing services provided to a Covered Person while hospitalized as an In-Patient.

In-Patient	means	A person who is required to be treated in a Hospital or Medical Center and must be registered as an In-patient and hospitalized for at least 6 consecutive hours in the Hospital, receives diagnosis and advice from a Physician under standard medical practices and within an appropriate treatment period, also including a person who dies before completing 6 hours.
Out-Patient	means	A person who seeks medical treatment in an Out-Patient department or emergency room of a Hospital or Medical Center that does not require to be hospitalized according to diagnosis and a standard indication for hospital admission.
Hospital	means	A place that provides medical services, being able to accept patients to stay overnight and having space, elements, sufficient medical staff, and also offering the full array of medical services, especially an operating room for major surgery, and legally registered as a Hospital in its district.
Medical Center	means	A place providing medical treatment and services and being able to accommodate overnight patients. It is legally registered as a Medical Center in its district.
Clinic	means	A modern medical facility administrated by physician(s) permitted by law and operating to provide diagnosis, medical treatment but unable to accommodate patients overnight.
Medical Standards	means	Regulations or universal modern medical practices which deliver appropriate treatment plans to the patient according to Medical Necessity and consistent with the conclusions of the Injury history, Illness record, autopsy results or other records (if any).
Medical Necessity	means	Medical services subject to the following conditions: 1) Must correspond with diagnosis and treatments for such Injury or Illness, 2) Must have clear medical indications in accordance with modern Medical Standards, 3) Must not be solely for the convenience of the patient or his/her family, Physician, and 4) Must be the standard medical services for patients who are required to be medically treated according to the Injury or Illness suffered.
Alternative Medicine	means	Any diagnostic, treatment, or prevention method by Thai Traditional Medicine, Chinese Medicine or any others which are not considered as modern medicine.
Thai Traditional Medicine	means	Medical processes which are related to diagnostic, therapy, treatment, prevention of disease, or health promoting and rehabilitation of humans or animals, midwifery, Thai massage, and includes the processes of preparation to produce Thai traditional drugs, medical equipment and devices. In this regard it is based on the knowledge or texts that have been inherited, passed down and developed.
Disability	means	Admission in a Hospital or Medical Center for treatment as a patient resulting from one cause including any secondary ailments which are the result of the same cause or other ailments which occurred at the same time as the initial cause for Illness or Injury with the exception of the hospital admission occurring 90 days after the latest Inpatient treatment and 14 days after Outpatient treatment.
Emergency Medical Treatment	means	Necessary medical treatments for a severe Injury or Illness which could not be foreseen and requires immediate care, in which the physician has diagnosed that if immediate medical assistance is not given then it may result in disability or loss of life.
Anesthetist	means	The Physician specialized in Anesthetics and obtains the registration by law and regulation in the country where he/she is registered.
Congenital Condition	means	A physical or mental abnormality existing at the time of birth.
Pre-Existing Condition(s)	means	Any disease (and its complication), symptoms or disorder that occurred to the Insured prior to the commencing date of the policy in which such condition is reasonably significant for the general public to seek a diagnosis or medical treatment or such condition prompts the medical professional to proceed with a diagnosis or medical treatment.

AIDS	means	Acquired Immune Deficiency Syndrome, which is caused by HIV infection including opportunistic microbial infections (Malignant Neoplasm) or any disease or illness which results in blood tests showing a positive blood of HIV virus (Human Immunodeficiency Virus), opportunistic microbial infections, including but not limited to bacteria causing Pneumocystis Carinii Pneumonia, an infection that causes organism or chronic enteritis, a virus and / or a spreading fungus (Disseminated Fungi Infection), Malignant Neoplasin, including but not limited to tumors Kaposis Sarcoma, Central Nervous System Lymphoma and/or other serious diseases known at present as it is a condition of the immune deficiency (Acquired Immune Deficiency Syndrome) or which causes people who have died suddenly, sickness or disability, disease, AIDS includes HIV virus (Human Immunodeficiency Virus), a disease that causes dementia (Encephalopathy Dementia) and virus outbreaks.
Normal and Customary Expenses	means	Reasonable medical expenses and/or any reasonable expenses incurred through the proper receipt of Hospital or Medical Center services that are charged to the general patient of Hospitals or Medical Centers or Clinics where the Covered Person has been treated.
Deductible	means	The first part of the loss that the Covered Person must settle under the terms of the insurance contract.
Co-payment	means	Any agreed co-payment of charges between the Company and the Covered Person that applies to eligible medical expenses after the deductible amount has been applied (if any).
Terrorism	means	Actions that use force or violence and/or threatened by any person or group(s) of persons, regardless of acting alone or on behalf of or in connection with any organization(s), or government(s) which acts for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any part of the public in fear.
Insurance Policy Year	means	The period of one year from the effective date of the Insurance Policy or from the anniversary of the Insurance Policy in the following year.

Section 2 General Terms and Conditions

1. **Insurance Contract**

   This insurance contract is entered into by the Company in the reliance of the declaration of the Covered Person in the insurance application, health certificate, and additional declarations (if any) that the Covered Person has signed as an evidence of the insurance contract. Therefore, the Insurance Policy was issued by the Company.

   In the event that the Covered Person is aware of certain declarations but still provides false statements in accordance with paragraph one or is aware of certain facts but withholds them not to disclose to the Company is in which if the Company obtains such information, the Company may decide to increase the premium rate or refuse to execute the insurance contract. In this regard, this insurance contract shall become void as per Section 865 of the Civil and Commercial Code. The Company then has the right to cancel the policy.

   The Company will not refuse the liability by using any other statements than those declared by the Insured in the documents under paragraph one.

2. **Non-dispute or objection of the incompletion of the insurance contract**

   The Company shall not refuse or object the liability based on the incompletion of this insurance contract when it has been in force for 2 years from the commencement date of the policy unless the premium payment is not made.

   In the event that the Company is aware of any information to cancel the insurance contract, but the Company does not use the right to cancel the contract within one (1) month from the date of acknowledgement, the Company shall not be able to revoke the incompletion of the insurance contract.

3. **Amendment of the Insurance Policy**

   The amendment of this Insurance Policy shall be valid only when the Company agrees to accept such amendment and it is legally binding after a formal written statement being attached to the Policy or being issued as an endorsement by the Company's authorized person.

4. Premium Payment and Commencement of the Insurance Coverage

4.1 The Insured Person can pay the premium by either option described as follows:

a) Monthly payment

b) Annual payment.

4.2 For the first due date of the premium payment, the Insured Person must pay immediately no later than the commencement date of the Insurance Policy and the Policy will be in force as of the commencement date as specified in the Policy Schedule or Insurance Certificate.

4.3 Due date of the premium payment;

a) For monthly installments, the Insured must pay the premium no later than the due date of each month

b) For annual payment, the due date for premium payment is the expiry date of the Policy as specified in the Policy Schedule or Insurance Certificate.

4.4 The first premium payment in the following year of the Insurance Policy renewal, the Insured Person must pay the premium within the 30-day Grace Period from the end of the expiry date of the previous year and the insurance coverage of the renewal year it is then considered continued.

4.5 If the Insured fails to pay the premium for the next due date within the 30-day Grace Period from the due date, it is considered that the coverage under this Insurance Policy has ended since the last day the premium has been paid for such covered period.

4.6 If the Insured lodges a claim during the 30 day Grace Period or in the period of collecting premium of any due policy and the premium of such due policy has not been paid yet, the Company is entitled to deduct the amount which is the premium owed to the Company out of the eligible cover amount of such claim. If there are any unpaid premiums left, the condition Clause 4.5 will be applied by mutatis mutandis.

5. Incorrectness of Age or Gender Details

In case the declaration of age and gender of the Covered Person deviates from the truth, this could result in:

5.1 Where the Company receives premium less than the actual rate, the benefit amount of this Policy is limited to the received premium it shall cover according to the actual age and gender. In case that the actual age or gender of the Insured Person is unable to be covered under this Policy, the Company will not pay any benefit but the received premium will be refunded to the Insured Person.

5.2 Where the Company receives premium greater than the actual rate, the Company will return the excess insurance premium to the Insured Person. However, the Company shall not apply this condition to adjust the paid premium for the previous insurance cover period.

6. Renewal of Insurance Policy

6.1 This Insurance Policy can be renewed until the Insured's age does not exceed 99 years old, no supportive evidence is required at this point. In case that the Company agrees to renew the Policy, the Company retains the right to;

6.1.1 Adjustment of insurance premium rate to reflect the risk and the age of the Covered Person, and

6.1.2 Adjustment of insurance conditions, benefit coverage of the Insurance Policy in the renewal year as necessary.

6.2 The Company may decline to renew this Insurance Policy by informing the Insured person in writing at least 30 days before the policy's expiry date according to the Policy Schedule.

6.3 The Company must notify the Insured or Covered Person where the changes, additions or extended conditions of the coverage, exclusions, endorsement, etc. that is the significant part of the policy (must specify the reasons for the refusal to renew the policy).

7. Adjustment of Premium Rate

The Company shall adjust the insurance premium to reflect the age and risks of the Covered Person at the rate that was approved by the registrar and notified to the Covered Person in advance in writing.

8. Amendment of the Insurance Policy during or at the end of each policy year

If the benefits coverage of the Covered Person under the conditions of this Insurance Policy has increased while the Insurance Policy is in force or at the time of renewal of the Insurance Policy, the effective date of the increasing benefits is the first date of the next Insurance Policy Year after the Company was notified of the change in the type of work or the change of the benefits coverage of the Covered Person, under the condition that:

8.1 If the Covered Person suffers Injury or Illness before the benefit is increased, the maximum eligible cover amount for such Injury or Illness will not be greater than the applicable maximum benefit amount prior to the benefit being increased.

8.2 In case the Injury or Illness of the Covered Person occurred and is already covered prior to the increasing of the benefits, the maximum benefit applicable shall not exceed the previous benefits.

In addition, the Insured must notify the Company in writing for the change of the benefits coverage, and the Company has agreed such insured benefit.

9. Termination of the Insurance Policy

9.1 This Insurance Policy may be terminated if any of the following occurs, depending which one occurs first.

9.1.1 The expiry date specified in the Policy Schedule and the Insured does not renew the policy.

9.1.2 The expiry date specified in the Policy Schedule and the Insured is turning 99 years old.

9.1.3 When the premium has not been paid according to the General Terms and Conditions of Clause 4.

9.1.4 The Insured is deceased.

9.1.5 The Insured is incarcerated in prison.

When the termination of the Insurance Policy is from conditions not covered under clauses 9.1.4 or 9.1.5, the Company will return the insurance premium to the Insured or the beneficiary by deducting the premiums for the period that this Insurance Policy has been covered (prorated).

9.2 The insurance coverage of each section under this Insurance Policy will end when the Company has paid the maximum benefit amount specified in the Policy Schedule of that section. The Company will continue to provide cover until the policy has expired only where benefits remain.

9.3 This Insurance Policy and all other policies attached to this policy shall expire at 24.00 hours of the expiry date, Thailand time.

10. Reinstatement

If the Insurance Policy is terminated because the Insured fails to pay the premium for the renewal year within the specified time, the Insured may request the Company to reinstate the Insurance Policy within 90 days from the renewal due date by the Company's consent. The general terms and condition Clause 19 (Pre-existing Conditions) and Clause 20 (Waiting Period) will be waived.

Eligible benefits coverage for any Injury will be immediately covered upon the Company accepting the reinstatement of the Insurance Policy and the coverage for any Illness will be effective after 10 days of the reinstatement date.

11. Medical Assessments

The Company has the right to conduct medical examinations or investigation of the medical records of all Covered Persons as necessary for this Insurance Policy. The Company has the right to request a postmortem examination on any deceased if it is necessary and not in conflict with the law. The Company will bear this cost.

In case that the Covered Person declines the Company for medical investigations for claim adjudication, the Company can deny to pay the coverage to the Covered Person.

12. Notification of Claim

The Covered Person or their representative must notify the Company as soon as possible of the Injury or Illness that might be the cause of a claim subject to the benefit coverage under this Insurance Policy.

In case the Covered Person dies, the notification of death must be informed to the Company immediately unless there is evidence or proof that the cause of the delay as mentioned above was beyond their control.

In the event that the Covered Person seeks elective treatment outside the Kingdom of Thailand, prior authorization is always required from the Company or their Emergency Assistance Provider.

13. Claim Procedure

13.1 Claiming for Medical Expenses

In case of a claim for medical expenses, the Covered Person or representative is required to submit the following documents to the Company at their own expense:

1. Insurance Claim Form of Pacific Cross Health Insurance PCL
2. The physician's report that shows the significant symptoms, results of investigations and details of treatments.
3. Original paid receipt(s) show details of charges or summary statement and original paid receipt. The Covered Person must provide the said evidences to the Company within 30 days after discharged from the Hospital or Medical Center or from the treatment date at the Clinic. The receipt(s) must be the original and the Company will return the said original receipt(s) which will certify the paid amount to the Covered Person to file the balance of the claim from other insurance companies. In the event the Covered Person obtains some coverage from public welfare or any other benefit, the Covered Person is permitted to submit the copy of such receipt which certifies the paid amount from the public welfare or any other benefit to claim the balance from the Company.

13.2 For Loss of Life, Dismemberment or Permanent Disability from Accident.

The Covered Person or the beneficiary must submit the evidence described below to the Company within 30 days from the date of the loss at their own cost;

1. Completed Insurance Claim Form of Pacific Cross Health Insurance PCL.
2. Death Certificate (in case of death).
3. A copy of a postmortem examination report from the Duty Police Officer or the organization issuing the report (in case of death).
4. A certified copy of the Daily Police Report from the Duty Police Officer.
5. A copy of the Covered Person's Identification Card or Passport, and House Registration with wording 'Death' affixed thereto (in case of death).
6. A copy of the Beneficiary's Identification Card or Passport, and House Registration (in case of death).
7. Physician's report confirming permanent disability or dismemberment and photographs of injuries (if applicable).
8. Other necessary documentation that the Company may ask for. (If there is any doubt that additional document is required.)

13.3 For Medical Expenses while travelling overseas.

The Insured must submit evidence described below at their own cost to the Company within 30 days after the day the travelling period ends;

1. Completed Insurance Claim Form of Pacific Cross Health Insurance PCL
2. A copy of the Insured's passport or travel document,
3. A copy of the Daily Police Report.
4. Original paid receipt(s) that show details of charges or summary statement and original paid receipt.
5. Airline report (In the case of claims for travel delays).

Failure to submit the evidence within the due period will be considered that the Insured waives their right to file a claim.

14. Payment of Benefit

The Company will pay the Insured for the reasonable expenses within 15 days from the date that the Company receives the correct and completed evidence. In the case of death, the Company will process the payment to the Beneficiary.

If there is any suspicious circumstances whilst the claim is being examined, the agreed due date for the payment may be extended as necessary but not more than 90 days from the day that the Company receives full evidence.

For medical expense claims outside of Thailand in accordance with this Insurance Policy, the Company shall pay the insurance benefit based on the foreign exchange rate calculated on the date specified in the medical expense receipt.

If the Company is unable to pay the Insured within the timeframe mentioned above, the Company will afford the Insured compensation at 15% per annum which is based on an amount the Company has to pay from the agreed due date.

15. Change of Policy Owner

In the event that the insurance policy was terminated due to the death of the Insured or for any other reason, the spouse or Dependent children may request the Insurance Policy to be continued through changing the policy owner of this Insurance Policy within 90 days from the terminated date.

16. The right of the Dependent to request the Insurance

If the spouse of the Insured becomes ineligible due to divorce or a child of the Insured attains the age of 20 or marries, the spouse or child may submit a request for the continuation of the Insurance that:

The Company will provide insurance coverage continuing from the previous policy and General Terms and Condition Clause 3, Clause 20 and Clause 21 will be waived subject to:

16.1 The submission of the request for continuation of the insurance is made within 90 day from the ineligible date of a Dependent.

16.2 The benefit coverage is not exceeding the previous benefits.

17. Cancellation of the Insurance Policy

17.1 The Company will inform the Insured of the cancellation of the Insurance Policy by giving advance notice in writing not less than 30 days by registered mail to the Covered Person based on the last address that the Company is given.

17.1.1 For monthly installment: this Insurance Policy will automatically be terminated if the installment premium is not received on the date that the paid premium is due and received and the coverage was provided according to the

monthly installment premium payment type which is chosen by the Insured. The Company will not refund the premium received to the Insured.

17.1.2 For annual premium payment: the Company will refund the insurance premium to the Insured after the premium was deducted for the period that the insurance policy has been in force (prorated).

17.2 The Insured has the right to cancel this Insurance Policy by informing the Company in writing.

17.2.1 For monthly installment: the Insurance Policy will automatically be terminated on the last date that the paid premium was received and the coverage was provided. The Company will not return the premium to the Insured.

17.2.2 For annual premium payment: The Company will refund the insurance premium to the Insured after the premium was deducted for the period that the insurance policy has been in force in accordance with the short-rate premium specified in the table below :

Schedule of Short-Term Premium Rate

Insurance Period / (Not more than/Month)	Percentage of full-year premium
1	15
2	25
3	35
4	45
5	55
6	65
7	75
8	80
9	85
10	90
11	95
12	100

Termination of the Insurance Policy under this condition, regardless of any party, must terminate the whole contract, the part is not allowed. If the Company has paid the claim exceeded the premium paid, no refund of premium will be due.

18. Arbitration

In the event of any dispute, conflict of claim between the person who is entitled for claim and the Company under this Insurance Policy, and if the entitled person decides to have the dispute of claim being settled by the use of Arbitration, the Company then agrees to settle the dispute by an Arbitrator in accordance with the regulations of the Office of Insurance Commission (OIC) on Arbitration.

19. Pre-Existing Condition(s)

The Company shall not cover any medical treatments resulting from any chronic diseases, Injury or Illness that have not been fully cured before this Insurance Policy commencement date except;

19.1 The Covered Person has declared the Pre-Existing Conditions to the Company and the Company has agreed to accept the risk without the said exclusion.

19.2 This Insurance Policy has been continuing in force for not less than 3 consecutive years whereas the chronic disease, Injury or Illness and any complication did not manifest itself, being treated or diagnosed, consulted to or was seen by a physician during the 5 years prior to the commencing date of this Insurance Policy.

20. Waiting Period

20.1 The Company will not pay any benefit for any Illness occurring during the 30 days from the first day of the commencement date of the Insurance Policy. The benefit for any Injury is starting on the first effective date state on the Policy Schedule of the Insurance Policy.

20.2 The Company will not pay any benefit for the following Illnesses which occurred in the period of 120 days from the first effective date of the Insurance Policy;

20.2.1 Tumors, cysts or all types of cancer

20.2.2 Hemorrhoids

20.2.3 All types of Hernia
20.2.4 Pterygium or Cataracts
20.2.5 Tonsillectomy or adenoidectomy
20.2.6 All types of Calculus
20.2.7 Varicose Veins
20.2.8 Endometriosis

21. Medical Treatment Outside Thailand

In the event the Covered Person receives medical treatment outside of Thailand according to this Insurance Policy, the Company will pay the claim to the Insured the actual paid amount which is considered as normal, usual and reasonable expenses but not exceeding the sum insured (benefits coverage) specified on the policy schedule in accordance with reasonable and Medical Standards using the exchange rate for reimbursement or deductible (if applicable) on the date the medical expenses was paid.

22. Insurance Coverage for Free Newborn Child

In the event the Insured and spouse are insured under this Insurance Policy, the child of the Insured and spouse that is born after the policy has been in force not less than 280 days from the first effective date of the policy will receive free benefit coverage equivalent to the coverage of the Insured and spouse with no additional premium. To receive the insurance coverage, the Insured must submit an insurance application form and Birth Certificate to the Company. The benefit coverage will be starting when the newborn is 15 days old and was not admitted in the Hospital. The coverage will be continuing until the expiry date of the policy year.

In the event the coverage of the Insured and spouse are different, the coverage for the newborn child will be equal to the lower coverage, however the coverage for the newborn is subject to underwriting conditions by the Company.

In the event the Insured wants the newborn to continue to be covered from the expiry date of the insurance as specified in the Insurance Policy, the Insured must pay the Company normal premium rate for the newborn child.

23. Precedent Condition

The Company shall not be liable to compensate under this Insurance Policy unless the Insured, the beneficiary or the representative has complied with all the General Terms and Conditions of the insurance agreement.

24. Currency

Insurance premium and any benefits payable for this Insurance Policy will be paid in Thai Baht.

Section 3 General Exclusions

This Insurance Policy shall not provide insurance coverage for expenses occurring from medical treatment or losses arising from Injury or Illness (including their complications), symptoms or abnormality caused by:

1. **Chronic disease, injury or illness that has not been cured before the date of the insurance contract (including complications that may occur later) or can be clinically proven or certified that such disease or disorders has occurred before the Insurance contract date, Birth Defect or Congenital Anomalies and Abnormalities, chronic disease, injury or illness which occurred prior to the effective date of the policy (including complications or recurrence that may occur later), abnormal growth, developmental problems, genetic disorders, hernias in a child age under 10 years old, circumcision, surgical treatment for Scoliosis, surgical treatment for Deviate Nasal Septum.**
2. **Cosmetic related treatment, surgery for reconstruction, skin treatment, acne, blemish, freckles, dandruff, scaring, hair loss, underweight or overweight, surgery to fix or adjust body defects, elective surgery, cosmetic surgery, unless the surgery on the organ is to fix and return it to normal function(s) which were damaged by the accident that was covered by this Insurance Policy. Such surgery must not be performed on genitals or breast.**
3. **Solving infertility issues (Including the investigation and treatment) sterilization or contraception.**
4. **AIDS, Venereal Diseases or Sexually Transmitted Diseases or any other condition relating to sexual intercourse.**
5. **Treatment, prevention, consultation for use of medication or various substances to relieve symptoms commonly associated with aging, treatment for dementia, Alzheimer, hormone replacement therapy in peri-menopausal or menopausal conditions, treatment for osteoporosis, sexual dysfunction in female or male, treatment for sexual disorders, sex change, costs of vitamins,**

minerals, trace elements, food supplements, formula milk, unregistered and licensed drugs with government agencies in the country that such medicine is distributed or drugs that are not registered with the Food and Drug Administration of that country. Special drug prepared by the Hospital or Medical Center where details of the drug components is not given.

6. General Health Check-up, request to be admitted at a Hospital or Medical Center, request for a surgical treatment, rehabilitation or rest for recuperation or treatment by only resting methods, any investigations that are not relating directly to an admission to a Hospital, Medical Center or Clinic, investigations for any injury or illness, treatments or laboratory tests which are considered as non-medical necessity or non-medical standard, all kinds of allergy tests including the test for lack of vitamins and minerals.
7. Investigation and treatment for abnormal eyesight, corrective eye muscle surgery, LASIK, expenses for vision devices, treatment, investigation or surgery for all types of strabismus.
8. Dental treatments, surgery or prevention of periodontal disease (gum disease), dental or Jaw disease, bruxism, prosthetic dentistry, dentures, crowns, root canal therapy, filling, orthodontic treatment, scaling, tooth extraction, root implants with the exception of accidental injury to teeth whilst the insurance policy is in force but also excluding dentures, crowning, orthodontics, dental bridge, root canal treatment or root implants.
9. Treatments for alcoholism and complications, treatment of narcotic drug addiction, cigarettes, alcohol or psychoactive substances.
10. Diagnostic, investigations or treatments symptoms or disease relating to mental illnesses, psychiatric, stress, anxiety, psychotic state, abnormal behavior or characteristics, attention deficit disorder, autism, stress, including eating disorders or anxiety.
11. Any experimental treatment, examination or treatment for Obstructive Sleep Apnea, sleeping disorders or snoring.
12. Any inoculations and vaccinations excluding rabies vaccination after animal bite and tetanus vaccination after injury.
13. Any treatment that is not considered as modern medical treatment including alternative medical treatments.
14. Any medical treatment given by a medical practitioner who is the parent, spouse, child or family member of the Covered Person. The Covered Person who is a registered medical practitioner may not be reimbursed for any self-administered treatment.
15. Suicide, suicide attempt, self-inflicted or self-inflicted attempt either by the Covered Person or any other person allowed to do so whether they are insane or not, this also include accidents arising from whatever the Covered Person eats, drinks, consumes, intakes or injects any drug or toxic substance into the body or drug overdoses taken.
16. Any Injury occurring whilst the Covered Person is under the influence of alcohol, narcotic drugs or intoxicating substances resulting in the Covered Person losing of control his / her mind or senses. The term “under the influence of alcohol” refers to blood alcohol level of 150 mg per ML of blood or over when undertaking a blood test.
17. Any Injury occurring while the Covered Person is involved in a brawl, inciting a brawl or being the cause of a brawl or any Injury that is proven later was from such an event.
18. Any Injury occurring while the Covered Person is committing a felony or being arrested, under arrest or escaping the arrest.
19. Any Injury or Illness arising from the Covered Person playing or participating in or competing in sports or all kinds of dangerous activities, professional sports, racing of all types, riding horses, skiing including jet skiing, skateboarding, skating, boxing, and sports requiring body contact, weight lifting, parachuting (except for parachuting to save a life) ballooning or skydiving, gliders, bungee jumping, diving that requires an air tank or underwater breathing apparatus and driving a car or motorcycle without a valid driver’s license.
20. Any Injury arising while boarding, leaving or traveling as a passenger in an aircraft that is not licensed for the carriage of passengers as a commercial airline.
21. Injuries when the Covered Person is performing duty as a staff member in any aircraft.
22. Any Injury arising while the Covered Person performing duties as a police officer, soldier or a volunteer engaged in war or suppressing of civil unrest.
23. War, invasion, acts of foreign enemies or any act like war (whether declared or not), civil war, insurrection, uprising, civil commotion, riot and strike, revolutionary coup, martial law declaration or any event which will cause the announcement or maintaining of martial law.
24. Terrorism.

25. **Radiation or radioactive radiation from nuclear fuel or from any nuclear waste due to the combustion of nuclear fuel and from any processes of the nuclear fission which precedes it.**

26. **Explosive radiation or components of nuclear or any hazardous objects which can be explosive in nuclear process.**

Section 4 Coverage Agreement

While this policy is in force and subject to the General Terms and Conditions, Insuring Agreements, Exclusions, and attached Endorsements of this Insurance Policy, and in return of the premium that the Insured pays, if the Covered Person sustains Injury from an Accident or suffers from Illness after the waiting period resulting him/her to require medical care, the Company will pay for the Normal and Customary Expenses according to the medical necessity. The amount to be compensated is the actual expenses paid up to the maximum limit of benefit as specified in the Policy Schedule in accordance with the attached insuring agreement as follows:

Coverage Agreement
Hospitalization in a Hospital or Medical Center (In-Patient)

While this policy is in force, if the Covered Person sustains Injury from an Accident or suffers from Illness after passing the waiting period resulting in being required to be admitted in a Hospital or Medical Center for at least 6 consecutive hours, according to the Medical Necessity and Medical Standards, and register as an In-Patient.

The Company will pay the benefits for In-Patient to the Covered Person as follows:

1. In-Patient Room and Board and Nursing Services

1.1 Standard Room

The Company will pay the benefit for room and daily meals, blenderized diet via a feeding tube, nursing services and other hospital services when the Insured is admitted to a Hospital /Medical Center for the actual amount or the limited amount per day, or the maximum amount which specified in the Policy Schedule whichever is less but not exceeding 365 days.

1.2 Intensive Care Unit (I.C.U.)

In case the Covered Person is required to be admitted in Intensive Care Unit (I.C.U), Coronary Care Unit (C.C.U) and/or the Emergency Unit in a Hospital or Medical Center according to Medical Standards, the Company will pay the benefit for room and daily meals, blenderized diet via a feeding tube, nursing services and daily hospital service charges for the actual amount but not more than 2 times the benefits for the standard room and board benefit of the policy. Anyhow, this shall not exceed 365 days. Consequently, when accumulated with the total benefits of the room and daily meal benefit in Clause 1.1, this shall not exceed 365 days.

2. Hospital and General Expenses

2.1 Medications and parenteral nutrition.

2.2 Blood and blood components including separation costs to prepare and analyze for blood transfusion or blood components.

2.3 Ambulance Services charges for medical reasons that shall not exceed per each disability of any Injury or Illness.

2.4 Expenses for laboratory and pathology tests, radiological examinations, and other special examinations including interpretation cost.

2.5 Medical Equipment;

1) Medical Equipment used outside of the Operation Room.
2) Medical Supplies (MS.1).
3) Materials or Equipment attached to the patient (MS.3) except Defibrillator or Pacemaker.

2.6 Physical Therapy, Occupational Therapy, Chiropractic Treatment, Acupuncture Expenses when ordered by a Physician including the fees for Physical Medicine and Rehabilitation (PM&R) or Physical Therapist, expenses for medical equipment according to medical necessity considering that the physical therapy must relate and be directly consistent to the Injury or Illness.

2.7 Operating theater and its equipment expenses.

Expenses for the operation room and its equipment, medical personnel on duty in operation room, equipment for anesthesia, and the charge for the recovery room after surgery has been performed.

2.8 Anesthetists and Anesthetic Nurse.

Charge for doctor and nurse performing anesthetic or sedation procedures.

2.9 Surgical Consultation fees for non surgical case.

Actual amount for Surgical Consultation fees but not greater than the amount specified in the Policy Schedule.

2.10 Take-Home Medication

Expense for take home-medicine according to the medical necessity and is not exceeding 14 days from the day that the Covered Person is discharged from Hospital or Medical Center and not exceeding the maximum benefit limit per day as specified in the Policy Schedule.

2.11 Emergency Accident Expenses

Expenses for emergency care for an Accident within 24 hours after the accident happened, includes expenses for ongoing treatment incurred within 15 days from the first day of any Injury according to the actual amount but not exceeding the maximum benefit as specified in the Policy Schedule.

2.12 Ongoing medical expenses after discharging from the Hospital

1) Medical Expenses for Out-Patient.

   Ongoing treatments for such Injury or Illness incurred within 30 days after discharge from a Hospital or Medical Center according to actual incurred amount or the balance of the amount of the hospital and general expenses depending on which amount is the lower.

2) Expense for Physical Therapy continuing from In-Patient Treatment

   Expenses for Physical Therapy on an Out-patient basis incurred after the next day of discharge from the hospital or medical center and within 30 days, in particular charges for Physical Medicine and Rehabilitation Physician (PM&R or Physiatrists) or Physical Therapist, expenses for medical equipment according to the medical necessary considering that the physical therapy must relate and be directly consistent to the Injury or Illness that indicates for such hospital admission. The maximum coverage for the number of days and benefit amount are as specified in the Policy Schedule.

In addition, the Company also agrees to pay the charge for Diagnostic and Physiotherapy incur as Out-patient basis after the Covered Person was discharged from the hospital or Medical Center for such Injury or Illness as well.

2.13 Special Nursing Service at Home

The Company will pay the actual incurred amount with the maximum not exceeding 30 days for a Special Nurse providing nursing care at home continuously and immediately following discharge from a hospital admission in a Hospital or Medical Center. This necessity for having the nursing care at home must be certified by an Attending Physician and approved by the Company.

2.14 Expenses for the following treatments or medical procedures (not requiring admission in a Hospital or Medical Center)

1) ESWL: Extracorporeal Shock Wave Lithotripsy
2) Coronary Angiogram/Cardiac Catheterization.
3) Phacoemulsification with intraocular lens implantation, Extra Capsular Cataract Extraction with Intraocular Lens and Pterygium.
4) Laparoscopic of all kinds.
5) Endoscopy of all kinds.
6) Sinus operations.
7) Hemorrhoid treatments by way of Injection or Rubber Band Ligation
8) Excisions of Breast Mass.
9) Bone Biopsy.
10) Tissue Biopsy.
11) Finger or Toe Amputation.
12) Close Reduction of Fractures.
13) Liver Puncture/Liver Aspiration.
14) Bone Marrow Aspiration.
15) Lumbar Puncture.
16) Thoracentesis/Pleuracentesis/Thoracic Aspiration/Thoracic Paracentesis.
17) Abdominal Paracentesis/Abdominal Tapping.
18) Uterine Curettage, Dilation & Curettage, Fractional Curettage.
19) Calposcopy, Loop diathermy.
20) Bartholin's Cyst (Marsupiaization of Bartholin's Cyst).
21) Gamma Knife Radiosurgery

If surgery is required, the Surgeon's Fees must be paid subject to the surgery fee rates specified in Surgical Coverage Agreement or the amount specified in the Policy Schedule

2.15 Psychiatric/Mental Disease as an In-Patient

The Company will pay the Covered Person the insurance benefit according to the actual amount paid per Injury/Illness or the life-time amount payable as specified in the Policy Schedule depending which amount is lower.

3. Restriction

3.1 The Company will cover the expenses for Bone Marrow Transplantation, Organ Transplant, and Dialysis for the actual amount but not exceed the maximum benefits as specified in the Policy Schedule as per each Injury or Illness.

3.2 The total amount of the insurance payment for Sections 1- 4 must not exceed the maximum benefit as specified in the Policy Schedule.

4. Additional Exclusions (applied to the hospitalization in a Hospital or Medical Center as In-patient only)

This health insurance policy does not cover expenses for the following;

4.1 Medicines, any treatments or diagnostics which are not related to the symptoms or unusual conditions as specified in the Physician's Report.

4.2 Defibrillator or Pacemaker.

4.3 Orthotics, Prosthesis, medical equipment, and permanent medical supplies: Hearing-aid, Glasses, Lenses, ventilator, Oxygen equipment, Vital sign measurement devices (pulse, blood pressure or temperature), crutches or various supporting equipment, wheelchairs and prosthetic parts such as artificial limbs, eyes, joints.

4.4 Special Nursing Services.

4.5. Bodily dysfunction without any appearance of pathologic abnormality including constipation, indigestion, flatulence or loss of appetite.

Coverage Agreement
Expenses for Surgical Care

The Company agrees to pay the benefit for surgical treatments to the Covered Person as follows:

1. Surgeon Fees and Medical Procedures

The Company agrees to pay the fees for a Surgeon and assistant including Nurse(s) assisting to perform surgery or procedural charges by the Surgeon as a result of an Injury or Illness, details are as follows:

1.1 Actual expenses or the amount specified in the Surgical Table Rate Fees for any disability requiring surgery or a procedure whichever is lower.

1.2 In case that there is a surgical or medical procedure performed to more than one organ through the same incise, the Company agrees to pay the Surgeon Fees for the one organ that is the most coverable.

1.3 For all surgeries or medical procedures performed for any disability of Injury or Illness, the Company agrees to pay not greater than the maximum benefits amount as specified in the Policy Schedule.

2. Specialist Consultation Fees (in case of an operation)

The Company agrees to pay the consultation fees for consulting a specialty doctor, the consultation fees must be in relationship to the surgery, stating that:

2.1 The actual amount paid for the specialist doctors' consultation fees or the maximum amount specified in the Policy Schedule whichever is lower.

2.2 The consultation fees must be combined together with the Surgeon Fees according to the actual incurred amount not exceeding the maximum benefit amount as specified in the Policy Schedule whichever is lower.

3. Restriction

3.1 The Company agrees to pay the actual amount incurred for Bone Marrow Transplantation, Organ Transplant and Dialysis but not exceeding the maximum amount as specified in the Policy Schedule.

3.2 The total amount of the insurance payment for Sections 1 - 4 must not exceed the maximum amount as specified in the Policy Schedule.

4. Additional Exclusions (applied to surgical procedures only)

This Insurance Policy does not cover expenses for the following:

4.1 Medication, any treatments or diagnosis which is not related to the diagnosis, symptoms or unusual condition stated in the Physician's Report.

4.2 Vitamins, minerals, dairy or supplement products.

4.3 Defibrillator or Pacemaker.

4.4 Orthotics, Prosthesis, medical equipment, medical supplies: hearing-aids, glasses, Lenses, Ventilator, Oxygen Equipment, Vital Sign Measurement Devices (pulse, blood pressure or temperature), crutches or various supporting equipment, wheelchairs and prosthetic parts such as artificial limbs, eyes, joints.

4.5 Special Nursing Services.

4.6 Bodily dysfunction without any appearance of a pathology abnormality including constipation, indigestion, flatulence or loss of appetite.

4.7 Surgery which is not recommended by the Physician or the Surgeon.

4.8 Surgery related to newborn child treatment, miscarriage, abortion, child delivery, ectopic pregnancy.

Coverage Agreement
Physician's Care

The Company agrees to pay the Covered Person the actual amount of the charges of the attending Physician, the daily visit fees during the Covered Person's admission in a Hospital or Medical Center (In-patient) or the amount limited per day or the maximum amount as specified in the Policy Schedule whichever is lower.

1. Restriction

1.1 The Company agrees to pay the actual amount incurred for Bone Marrow Transplantation, Organ Transplant and Dialysis but not be greater than the maximum amount as specified in the Policy Schedule as per each Injury or Illness.

1.2 The total amount of the insurance payment for Sections 1 - 4 must not be greater than the maximum amount as specified in the Policy Schedule.

2. Additional Exclusions (applied to Physician's care only)

This Insurance Policy does not cover expenses for the following:

2.1 Medication, any treatments or diagnosis which is not related to the diagnosis, symptoms or unusual condition specified in the Physician's Report.

2.2 Vitamins, minerals, dairy or dietary supplement products.

2.3 Defibrillator or Pacemaker.

2.4 Orthotics, Prosthesis, medical equipment, medical supplies: hearing-aids, glasses, Lenses, Ventilator, Oxygen equipment, Vital sign measurement devices (pulse, blood pressure or temperature), crutches or various supporting equipment, wheelchairs and prosthetic parts such as artificial limbs and eyes.

2.5 Special Nursing Services.

2.6 Bodily dysfunction without any appearance of pathology abnormality including constipation, indigestion, flatulence or loss of appetite.

Coverage Agreement
Non-Admission in a Hospital or Medical Center (Out-Patient)

The Company agrees to pay the Covered Person the benefits for Out-Patient treatment as follows:

1. Medical Treatment for Out-Patient

The Company agrees to pay the Covered Person the charges for any Injury or Illness requring treatment by an attending Physician, Physiotherapist, Chiropractic treatments, Acupuncture treatments when referred by an Attending Physician, Laboratory Tests, X-rays, prescribed medicines, Surgery and medical procedures performed on an Out-Patient basis, surgical equipment, Anesthetists fees and/or Nurse Anesthetist fees, wound care, Chemotherapy, Radiation Therapy. The payable amount is the actual amount or up to the maximum amount specified in the Policy Schedule.

The maximum coverage for an Out-patient visit is 1 visit per day, maximum times of visits is not greater than 30 visits per year.

2. Out-Patient Medication

The medication for Out-Patient must be prescribed by the Physician and the amount of medication given must not exceed 30 days supply from the day the Covered Person obtains treatment.

3. Restriction

3.1 The Company agrees to pay the actual amount incurred for Bone Marrow Transplantation, Organ Transplant and Dialysis but not exceed the maximum cover amount specified in the Policy Schedule per each Injury or Illness.

3.2 The total amount of the insurance payment for Sections 1 - 4 must not exceed the maximum cover amount specified in the Policy Schedule.

4. Additional Exclusions (applies to the non-hospitalization in a Hospital or Medical Center (as Out-patient) only)

This Insurance Policy does not cover expenses for the following:

4.1 Medication, any treatments or diagnosis which is not related to the diagnosis, symptoms or unusual condition specified in the Physician's Report.

4.2 Vitamins, minerals, dairy or dietary supplement products.

4.3 Defibrillator or Pacemaker.

4.4 Orthotics, Prosthesis, medical equipment, medical supplies: hearing-aids, glasses, Lenses, Ventilator, Oxygen equipment, Vital sign measurement devices (pulse, blood pressure or temperature), crutches or various supporting equipment, wheelchairs and prosthetic parts such as artificial limbs, eyes, joints.

4.5 Special Nursing Services.

4.6 Bodily dysfunction without any appearance of pathology abnormality including constipation, indigestion, flatulence or loss of appetite.

Coverage Agreement (P.A.1)
Loss of Life, Loss of Organs, Loss of Sight or Total Permanent Disability

Dismemberment refers to the cutting of a body organ from the wrist joint or the ankle joint, and shall refer to the total loss of use of such organ with a clear medical indication that the organs will not be able to function at any time in the future.

Loss of Sight refers to be totally blind which is permanent and incurable.

Total Permanent Disability refers to Disability to the extent of being unable to perform the normal duties in the insured's regular occupation or any other occupation totally and permanently.

Insurance Coverage

This insurance covers any losses or injuries to the Insured arising from bodily injury, which is caused by an accident, resulting in loss of life, dismemberment, loss of sight or permanent disability within 180 days from the date of the Accident or the Injury causing the Insured to receive continuous medical treatment as an In-patient in Hospital or Medical Center and loss of life occurs later because of such Injury, the Company will pay compensation in accordance with the sum insured specified in the Schedule as follows:

1	100% of Sum Insured	For loss of Life caused by accident
2	100% of Sum Insured	For Total Permanent Disability that continues for not less than 12 months after the Accident or if there is any medical indication that the Insured suffers a Total Permanent Disability
3	100% of Sum Insured	For loss of both hands (from the wrists) or loss of both feet (from the ankles) or loss of sight (both eyes)
4	100% of Sum Insured	For loss of one hand (from the wrist) and loss of one foot (from the ankle)
5	100% of Sum Insured	For loss of one hand (from the wrist) and loss of sight (one eye)
6	100% of Sum Insured	For loss of one foot (from the ankle) and loss of sight (one eye)
7	60% of Sum Insured	For loss of one hand (from the wrist)
8	60% of Sum Insured	For loss of one foot (from the ankle)
9	60% of Sum Insured	For loss of sight (one eye)

The Company will pay the above only when the highest benefit for all losses arising from an accident.

The accumulated compensation for this Insuring Agreement during the period of insurance cannot exceed the maximum sum insured as specified in the Policy Schedule. If the Company has not paid up to such maximum amount of sum insured, the remaining benefit is still valid until the expiry of the policy period.

Claim for Loss of Life

The beneficiary must submit the following documentary evidence to the Company within 30 days from the death of the Insured at their own expense:

1. The completed claim form of the Company.
2. Death Certificate.
3. A copy of autopsy report certified by in-charge Police Officer of the case or the organization that issues this report.
4. A copy of the Daily Police Report certified by the in-charge Police Officer of the case.
5. A copy of the Insured's Identification Card and House Registration with the word "death" being stamped thereon.
6. A copy of the Beneficiary's Identification Card and House Registration.

Claim for Permanent Disability or Dismemberment

The beneficiary must submit the following documentary evidence to the Company within 30 days of the diagnosis by a Physician that the Insured suffered from Total Permanent Disability or Permanent Dismemberment at their own expense:

1. Completed claim form.
2. Physician Report stating the Permanent Disability or Dismemberment.

Failure to submit the claim within the time frame will not deprive the right of the Insured to file the claim if there is a reasonable proof for failing to deliver such evidence within the specified time frame and the evidence was sent as soon as possible.

Additional Exclusions (applied to P.A.1 - Loss of Life, Loss of Organs, Loss of Sight or Total Permanent Disability only)
This Insurance Policy according to this attachment does not pay for:

1. Any loss or damage arising from or consequently resulting from the following circumstances.
- **1.1 Any injury occurring whilst the Insured is under the influence of alcohol, narcotic drugs or intoxicating substances to the extent of being unable to control one's mind. "Being under the influence of alcohol" means there is more than 150 milligrams of alcohol per milliliter of blood.**
- **1.2 Suicide, attempting to commit suicide or self-inflicted injuries.**
- **1.3 Infections except pyogenic infections, tetanus, or rabies from a wound or suffered as a result of an Accident.**
- **1.4 Medical treatment or surgical treatment except the necessary treatment for the Injury which is covered under this Insurance Policy and occurring within the period of this Insurance Policy.**
- **1.5 Miscarriage.**
- **1.6 Dental treatment or root canal treatment except the treatment which is required within 7 days from the date of the Accident.**
- **1.7 Replacement of or new set of dentures, Dental Crowns, Artificial dentures.**
- **1.8 Food poisoning.**
- **1.9 Back pain caused by Disc Herniation, Spondylolisthesis, Degenerative Disc Disease, Spondylosis, Defect or Pars interarticularis (Spondylolysis) unless the Fracture or Dislocation of the spine was caused by accident.**
- **1.10 War, invasion or execution by foreign enemy or any acts similar to wars (whether it is declared or not), civil war, militancy, rebellions, riots, work strike, disturbance, revolution, coup, martial law declaration or any situations that causes or maintains as martial law.**
- **1.11 Terrorism.**
- **1.12 Radiation or diffusion of radiation from nuclear fuel or from any nuclear reaction due to the combustion of a nuclear fuel and from any process from the separation of nuclear particle which is selfpropagating.**
- **1.13 Explosion of radiation or nuclear or any hazardous objects which can explode in a nuclear process.**

2. Any loss or damage in the following circumstances (unless the coverage is extended by endorsement)
- **2.1 While the Insured participates in all kinds of car or boat racing, horse racing, all kinds of skiing including jet skiing, skating, boxing and parachuting (unless to save the life), while getting in, getting out or taxiing, balloons or gliders, bungee jumping, diving using an air tank/or and breathing equipment under water.**
- **2.2 While riding or being a passenger on a motorcycle.**
- **2.3 While the Insured is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft.**
- **2.4 While the Insured pilots or works as a crew in any aircraft.**
- **2.5 While the Insured is taking part in a brawl or taking part in inciting a brawl.**
- **2.6 While the Insured is committing a felony or while the Insured is being arrested, under arrest, or escaping the arrest.**

2.7 While the Insured is performing duties as a soldier, a police representative or a volunteer and engaged in war or crime suppression. If the Insured has to be in charge of such duties longer than 30 days, the Company shall refund the premium since the date that the performing duties have started and remains until such performance is ended. After such time, the Policy shall become effective again until the expiry date as specified on the Policy Schedule.

Section 5 Insurance Endorsements

While this Insurance Policy is in force and subject to the General Terms and Conditions, Insuring Agreements, Exclusions, and attached Endorsements of this Insurance Policy, if the Covered Person sustains Injury from an Accident or suffers from Illness after the waiting period resulting him/her to require medical care, the Company will pay for the Normal and Customary Expenses according to the Medical Necessity. The amount to be compensated is the actual expenses paid up to the maximum limit of benefit as specified in the Policy Schedule in accordance with the attached Insuring Agreement as follows:

Insurance Endorsement Extend to Cover
Pregnancy and Child Delivery
(To be attached to Health and Accident Insurance 'Lifestyle Series')

Endorsement No:	Part of Insurance Policy No:	Date of Issue:
The Insured's Name:		
The Covered Person:		
Period of Insurance: from	at hours to:	at 24.00 hours.
Premium	Stamp Duty Tax	Total

As stated on the policy schedule

The Company agrees to pay the benefit coverage for pregnancy and child delivery including physician fees for each pregnancy and child delivery for the expenses incurred in a Hospital or Medical Center subject to the Insurance Policy continuing in force not less than 280 days from the commencement date of the policy for delivery and not less than 90 days from the commencement date of the policy for miscarriage. The coverage is as follows:

1. Room and board and nursing services not exceeding the actual amount paid, or the maximum amount limited per day, or the maximum amount specified in the Policy Schedule whichever is lower.
2. General Medical Expenses include;
   - 2.1 Medical Expenses for operating theater, laboratory tests, prescribed medicines or blood transfusions.
   - 2.2 Medical Expenses for Anesthetics.
     - 2.2.1 Physician's fee for Child Delivery.
     - 2.2.2 Antenatal Care (ANC) and post-partum care.
     - 2.2.3 Ambulance Services.
3. Surgical Services related to Child Delivery or Miscarriage by Physician and Surgeon.
4. The Insurance Coverage for each pregnancy will be covered but not exceeding;
   - 4.1 The actual amount paid but not exceeding the maximum cover amount specified in the Policy Schedule for a normal child delivery or elective surgical delivery which is planned in advance without indication or Medical Necessity.
   - 4.2 The actual amount paid but not exceeding the maximum cover amount specified in the Policy Schedule for a surgical delivery.
   - 4.3 The actual amount paid but not exceeding the maximum cover amount specified in the Policy Schedule for Dilatation and Curettage and the surgical cost in case of ectopic pregnancy.

Restrictions

1. The Company will not pay the insurance benefit for the medical expenses whilst the Covered Person is admitted to a Hospital or Medical Center within 280 days from the date that this Insurance Endorsement is in force.
2. The Company will not pay the insurance benefit for medical treatment unrelated to Child Delivery unless the treatment that is necessity to save the mother or the newborn's life.

Additional Exclusion (applied to Insurance Endorsement Extended to Cover "Pregnancy and Child Delivery" only)

This Insurance Benefit does not cover a Special Nurse Service.

If any statement in this Insurance Endorsement is in conflict with any statement in the Insurance Policy, it is to be agreed that this Insurance Policy extends to cover the above Insurance Endorsement.

Other conditions in this Insurance Policy and its other exclusion remain unchanged.

Insurance Endorsement Extended to Cover
Dentistry
(To be attached to Health and Accident Insurance 'Lifestyle Series')

Endorsement No:	Part of Insurance Policy No:	Date of Issue:
The Insured's Name:		
The Covered Person:		
Period of Insurance: from	at hours to:	at 24.00 hours.
Premium	Stamp Duty Tax	Total

As stated on the policy schedule

Additional Benefit: It is agreed that during the period of insurance as specified in this Insurance Endorsement, the Insurance Policy extends to cover losses or any damages caused by or resulting from, or occurring at the following times, only in the Coverage Agreement with the insured amount specified.

The Company agrees to pay the Covered Person the insurance benefit for the cost of dental diagnostic and treatment performed by a Dentist, the coverage is 80% of the actual amount paid but not exceeding the maximum amount payable as specified in the Policy Schedule.

The coverage for dental treatment is as follows:

1. Tooth and oral examination maximum 2 visits/year.
2. Scaling maximum 2 visits/year.
3. Topical fluoride (for the insured person age not over 12 years old).
4 X-ray maximum 2 visits/year.
5. Filling maximum 2 visits/year.
6. Extraction
7. Root Canal treatment
8. Impacted tooth
9. Plastic removable dentures
10 Porcelain or Metal Crowning and orthodontics including dental treatment with a modern innovation is limited to 30,000 Baht per Insurance Policy Year, subject to the maximum benefit allowable under the Coverage Agreement for the Dental Benefit as specified in the policy.

Additional Conditions (applied to Insurance Endorsement of Dentistry only)

All conditions of a complete oral and dental examination includes having a full set of X-rayed teeth, recording damaged or at fault teeth by the Dentist in the Oral and Dental Examination Form as specified by the Company at the first time that the Covered Person is examined, is considered to be a Pre-Existing Condition and not subject to cover. However, the cost of the first time for examination will be covered under the dental treatment Coverage Agreement. The oral examination report, complete dental examination recorded by the Dentist including completion of a dental x-ray according to the form specified by the Company must be submitted to the Company for consideration along with the claim documents according to the benefits of dentistry.

Additional Exclusions (applied to the Insurance Endorsement of Dentistry only)

This Insurance Endorsement does not cover for;

1. **Request for treatment or surgical dentistry without dentist's recommendation including dental services unnecessary to be treated.**
2. **All types of Orthotics and Prosthetics.**
3. **Any elective treatment for physical appearance e.g. Tooth Whitening, and treatments for gaps or a discolored tooth.**
4. **Treatment for teeth-grinding including the treatment for sleep disorders.**
5. **All types of Braces (Orthodontics) and/or Occlusal Adjustment.**

The Company's responsibility must not exceed the maximum coverage amount as specified in this Insurance Endorsement.

If any statement in this Insurance Endorsement is in conflict with any statement in this Insurance Policy, it is to be agreed that this Insurance Policy extends to cover the above Insurance Endorsement.

Other conditions in this Insurance Policy and its other exclusion remain unchanged.

Insurance Endorsement Extend to Cover
Visual Examination, Visual Acuity and Eyesight
(To be attached to Health and Accident Insurance 'Lifestyle Series')

Endorsement No:	Part of Insurance Policy No:	Date of Issue:
The Insured's Name:		
The Covered Person:		
Period of Insurance: from	at hours to:	at 24.00 hours.
Premium	Stamp Duty Tax	Total

As stated on the policy schedule

Additional Benefit: It is agreed that in the period of insurance as specified in this Insurance Endorsement, the Insurance Policy extends to cover losses or any damages caused by or resulting from, or occurring at the following times, only in the Coverage Agreement with the insured amount specified.

The Company will pay 80% of actual Normal and Customary Expenses but not exceeding the maximum coverage amount specified in the Policy Schedule when the eyesight has changed from that previously recorded.

The coverage for a visual examination, visual acuity and eyesight measurement are as follows;

1. Expense for Visual Examination and Visual Acuity.
2. Expense for Glasses, Sunglasses (these must be based on Ophthalmologist's recommendation) and Contact Lenses. Glasses or Sunglasses are limited to 1 item or 1 set per Insurance Policy Year.

Specified Condition

Eye examinations include eyesight measurement recorded by the Ophthalmologist in the Vision Examination Form as specified by the Company at the first time that the Covered Person is examined it is considered to be Pre-Existing Condition and not subject to cover. However, the cost of the first time for examination will be covered under the eyesight measurement and ability of vision Coverage Agreement. The Eye examination includes eyesight measurement recorded in the Vision Examination Form must be submitted to the Company for consideration along with the claim documents according to the benefits of this Insurance Endorsement.

Additional Exclusions (applied to the Insurance Endorsement of Visual Examination, Visual Acuity and Eyesight)

The Insurance Endorsement does not cover expenses for surgery to correct eye sight or vision ability including medical expenses caused by the complications that follow or the consequences of such treatment.

If any statement in this Insurance Endorsement is in conflict with any statement in this Insurance Policy, it is to be agreed that this Insurance Policy extends to cover the above Insurance Endorsement.

Other conditions in this Insurance Policy and its other exclusion remain unchanged.

Insurance Endorsement Extended to Cover
Medical Devices and Artificial Organs

(To be attached to Health and Accident Insurance 'Lifestyle Series' for in-patient hospitalized in a Hospital or Medical Center)

Endorsement No:	Part of Insurance Policy No:	Date of Issue:
The Insured's Name:		
The Covered Person:		
Period of Insurance: from	at hours to:	at 24.00 hours.
Premium	Stamp Duty Tax	Total

As stated on the policy schedule

Additional Definitions

Organ	means	A biologic structure composed of two or more types of tissues working to perform functions that are beyond the scope of an individual tissue type. An organ is a therefore a collection of tissues joined in a structural unit to serve a common function.
Artificial Organ	means	The biological structure that consists of two or more tissue types whether the tissue is of human or animal to perform together in each function that is the specific function of that structure which has been invented or created to be used or inserted or embedded into the body of the Covered Person for replacement, repair or restoration or to maintain the function of such organ.
Medical Device	means	Tools, facilities, mechanical equipment or similar components inserted or embedded in the body of the insured to diagnose, prevent or treat the body's abnormalities.
Permanent Device	means	Tools, facilities, mechanical equipment or similar components inserted or integrated into the body of the Covered Person to diagnose, prevent or treat the body's abnormalities and has an expected useful life expectancy of 5 years or longer.

Additional Benefit: It is agreed that in the period of insurance as specified in this Insurance Endorsement, the Insurance Policy extends to cover losses or any damages caused by or resulting from, or occurring at the following times, only in the Coverage Agreement with the insured amount specified.

The Company shall not cover the expenses of medical devices and/or any permanent artificial organs that have been implanted or inserted into the body of the Covered Person within 5 year-period from the commencement date of the policy.

After 5 years from the commencement of the policy, the Company shall cover for the permanent implanted medical devices and artificial organs to the Covered Person in accordance with the Policy Schedule in which the Company shall reimburse for the actual amount paid and only applicable to the Hospitalization in the Hospital or Medical Center as In-patient on a normal, customary and reasonable basis with a cover limit but not exceeding the maximum cover amount specified in the Policy Schedule.

For the costs of the artificial cornea lens - Artificial Lens implantation for cataract surgery are subject to cover at the Normal and Customary Expenses for only mono focal lens implantation.

The costs of dental implantation and dental implant procedures and their complications are excluded from the cover.

The Company agrees to pay for the expenses of medical devices and permanent artificial organs subject to the Coverage Agreement of Hospitalization or treatment in a Hospital or Medical Center (In-patient) No.2. Hospital and General Expenses whereas the eligible cover amount to be paid when combined with the expenses of artificial organs and/or medical devices shall not be greater than the actual paid amount or the maximum benefit amount specified in the Policy Schedule, depends on whichever is lower.

If any statement in this Insurance Endorsement is in conflict with any statement in this Insurance Policy, it is to be agreed that this Insurance Policy extends to cover the above Insurance Endorsement.

Other conditions in this Insurance Policy and its other exclusion remain unchanged.

Insurance Endorsement Extended to Cover
Motorcycle
(To be attached to Health and Accident Insurance 'Lifestyle Series')

Endorsement No:	Part of Insurance Policy No:		Date of Issue:
The Insured's Name:			
The Covered Person:			
Period of Insurance: from	at	hours to:	at 24.00 hours.
Premium	Stamp Duty	Tax	Total

As stated on the policy schedule

Additional Benefit: It is agreed that in the period of insurance as specified in this Insurance Endorsement, the Insurance Policy extends to cover loss of life, loss of organs, loss of sight, or total permanent disability caused by or resulting from accident, or while the Covered Person rides or being a passenger on a motorcycle for the benefits coverage as specified in the Policy Schedule.

If any statement in this Insurance Endorsement is in conflict with any statement in this Insurance Policy, it is to be agreed that this Insurance Policy extends to cover the above Insurance Endorsement.

Other conditions in this Insurance Policy and its other exclusion remain unchanged.

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Note

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บริษัท แปซิฟิค ครอส ประกันสุขภาพ จำกัด (มหาชน)
152 อาคารชาร์เตอร์สแควร์ ชั้น 21
ห้อง 21-01 ถนนสาทรเหนือ แขวงสีลม
เขตบางรัก กรุงเทพฯ 10500

โทรศัพท์ : 02 401 9189
โทรสาร : 02 401 9187
อีเมล์ : contactus@th.pacificcrosshealth.com

Pacific Cross Health Insurance PCL
152 Chartered Square Building 21st Floor,
Room 21-01, North Sathorn Road, Silom,
Bangrak, Bangkok 10500

Tel : +662 401 9189
Fax : +662 401 9187
E-mail : contactus@th.pacificcrosshealth.com

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