

Coverage	Policy Benefits and Exclusions	Sum-Assured (Baht)			
		Plan 1	Plan 2	Plan 3	Plan 4
Plan Classifications		Staff (Compulsory)	Staff Top Up (Voluntary)	Dependent (Voluntary)	Parent (Voluntary)
1	Group Life Insurance Any causes of death, 24/7, worldwide. <u>Exclusion:</u> Suicide during the first policy year, or murdered by beneficiary.	9,000	31,000	31,000	31,000

Coverage	Policy Benefits and Exclusions	Benefit Amounts (Baht)			
		Plan 1	Plan 2	Plan 3	Plan 4
2	Group Health Insurance Plus				
2.1	In-Patient Benefit or IPD Hospitalization Benefits Death Benefit a. Room & Board per day (Max. 31 days per disability) I.C.U. admission (Max. 7 days per disability) Overall limit when combined with room and board benefit above is ..days b. General Hospital Expenses per disability - Include OPD follow-up treatment within 31 days after the hospital discharge date - Ambulance (Max. per illness / accident, inclusive of clause b.) c. Surgical Benefit per disability (Maximum per Disability) d. In-Hospital Physician Visit per day (Max. 31 days per disability) e. Emergency Accidental OPD Treatment per each accident (Max. per accident) inclusive of clause b. For treatment within 72 hours from time of accident, including OPD follow-up treatment within 31 days from the day of accident. f. Specialist Consultation per disability Inclusive of clause b. or c., whichever the case may be.	- 800 1,600 5,000 800 5,000 350 1,000 1,000	- 3,000 6,000 50,000 3,000 50,000 2,000 8,000 8,000	- 3,000 6,000 50,000 3,000 50,000 2,000 8,000 8,000	- 3,000 6,000 50,000 3,000 50,000 2,000 8,000 8,000
	Copay	100:00	90:10	90:10	90:10
3	Daily Hospital Benefit for Social Security Fund, Universal Health Coverage or Protection for Motor Vehicle Victims Act. If the insured member suffers from an illness or injury and doctor inferred that he/she has to stay in the hospital as in-patient not less than 6 hours continuously which must be registered as an in-patient who is eligible to receive coverage, the company would reimburse for daily medical benefit after the insured member had received full compensation from Social Security Fund, Universal Health Coverage or Protection for Motor Vehicle Victims Act or individual insurance.	Reimburse benefit equal to Room & Board Expenses in accordance with the actual number of days of hospitalization			

Total Annual Premium Per Person Per Year	539.40	4,800.00	4,800.00	6,155.00
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