



# Beyond Care

**Light on premium, full on coverage**

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**Aetna.co.th**

Remarks: Terms may vary depending on the policy selected. Please refer to plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage.

 **aetna™**



# Highlights



**Cover up to THB 30 million**



**Worldwide coverage excluding USA**



**Worry-Free with full cover  
for your medical expenses\***



**Emergency medical assistance  
of up to USD 1,000,000**



**Deductible options  
to reduce your premiums**

## Special privileges



**Obtain unlimited health  
and well-being advice from  
qualified doctors via  
vHealth service\*\***



**Extensive cashless  
medical network of over  
490 hospitals and clinics  
nationwide**



**No requirement to buy  
additional life insurance  
plan**



**Lifetime renewal  
guarantee\*\*\***

\*Subject to the insurance policy's terms and conditions

\*\*vHealth Telemedicine Service is provided by Aetna Services (Thailand) Limited.

\*\*\*Applicants who purchase their plan before 60 years old and continuously renew the plan will be eligible for lifetime renewal. Applicants who purchase their plan after 60 years old will be eligible to renew the policy until they are 70 years old.



# Table of benefits

Description		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Maximum benefit for an injury or sickness Per Confinement*		1,000,000	2,000,000	3,000,000	5,000,000	10,000,000	30,000,000
1. Benefit for Inpatient Care							
Section 1	Room and board including service charges (inpatient) Per Confinement*						
	Non-intensive care room, maximum payable per day	8,000	10,000	11,000	12,000	15,000	20,000
	Intensive Care Unit (ICU), maximum payable per day (with a maximum limit of 15 days Per Confinement*)	16,000	20,000	22,000	24,000	30,000	40,000
Section 2	Hospital medical expenses for diagnostic and therapeutic procedures, blood and blood components, nursing service, medicines, and parenteral nutrition, and medical supplies Per Confinement*						
2.1	Hospital medical expenses for diagnostic procedures	Paid in full**					
2.2	Hospital medical expenses for therapeutic procedures, blood and blood components, and nursing service						
2.3	Medicines and parenteral nutrition, and medical supplies						
2.4	Home medications and medical supplies 1						
Section 3	Physician evaluation and management services Per Confinement*	Paid in full**					
Section 4	Surgical and procedures treatment charges Per Confinement*						
4.1	Operating theater and procedure room	Paid in full**					
4.2	Medicines, parenteral nutrition, medical supplies, surgery and procedure equipment						
4.3	Surgeons fee including surgical assistants						
4.4	Anesthesiologist fee						
4.5	Organ transplantation fee	500,000	1,000,000			2,000,000	3,000,000
Section 5	Day Surgery	Paid in full**					
2. Benefits for Non-Inpatient Care							
Section 6	Hospital medical expenses for diagnostic procedures before or after hospitalization relating to the condition diagnosed, or outpatient treatment after hospitalization Per Confinement*						
6.1	Hospital medical expenses for diagnostic procedures relating to the condition diagnosed within 30 days before and after hospitalization	Paid in full**					
6.2	The expenses for OPD visit post hospitalization within 30 days (excluding hospital medical expenses for diagnostic procedures)						
Section 7	Medical expenses for an injury (OPD) within 24 hours of accident	10,000	15,000	18,000	20,000	30,000	50,000
Section 8	Rehabilitation post hospitalization Per Confinement*	Paid in full**					
Section 9	Hospital medical expenses for treatment of chronic kidney disease by hemodialysis Per Policy Year	25,000	50,000			100,000	150,000
Section 10	Medical expenses for treatment of tumor or cancer by radiation therapy, interventional radiology, nuclear medicine therapy Per Policy Year	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000	30,000,000
Section 11	Medical expenses for treatment of cancer by chemotherapy Per Policy Year						
Section 12	Ambulance services, maximum payable per trip	2,000					
Section 13	Minor surgical expenses	Paid in full**					
3. Additional Benefits							
1	Annual health check-up*** one visit per year	500	700	800	1,500	5,000	10,000
2	Specialist’s consultation fees	10,000				15,000	20,000
3	Fee for special nurse care at home, maximum payable per day (limited to 15 days Per Confinement* )	500					
4	Emergency medical evacuation, repatriation and repatriation of mortal remains	1,000,000 USD					
5	Personal Accident (Or.Bor.2)****	100,000					



# Table of benefits

Optional Benefits				
Benefits for Outpatient Care				
The Insuring Agreement for Outpatient Medical Treatment, per visit (maximum benefit 1 visit per day, 30 visits per year)	1,500			
Outpatient benefits, maximum payable per year				
• OPD 28 Plan	28,000			
• OPD 40 Plan	40,000			
• OPD 60 Plan	60,000			
Maternity Benefits	Plan 1	Plan 2	Plan 3	Plan 4
Maternity Benefits*** (insured is able to purchase any of the 4 maternity plans)				
• Normal delivery, assisted delivery or intentional cesarean delivery	40,000	60,000	90,000	120,000
• Emergency cesarean section or ectopic pregnancy	80,000	120,000	180,000	240,000
• Miscarriage	20,000	30,000	45,000	60,000
Personal Accident				
Personal Accident (Or.Bor.2)****				
• PA 200 plan	200,000			
• PA 400 plan	400,000			
• PA 900 plan (for occupation class 1 and 2 only)	900,000			
Deductible options*****				
Standard deductible	Nil			
Deductible options per confinement	30,000			
	50,000			
	100,000			
	200,000			

\* Per Confinement means each hospitalization as Inpatient for medical treatment(s) or each major surgery treatment without the hospitalization as Inpatient (Day Surgery) in a Hospital or Medical Center, at any time. The confinements for 2 times or more due to the same causes, disease or complication, with intervals of not more than 90 days from the most recent discharge from a Hospital or Medical Center shall be considered a Single Confinement.

\*\* Full cover, not over maximum coverage Per Confinement.

\*\*\* For annual health check-up and maternity benefits, policyholders must make an advance payment for medical services.

\*\*\*\* The Insuring Agreement for Personal Accident, Death, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech, or Permanent Disability Benefits (Or.Bor.2) (Covered 50% in case of Motorcycle Accident)

\*\*\*\*\* Deductible is applicable to an inclusion of inpatient coverage (all 13 Sections), special nurse care at home and specialist’s consultation fees. It excludes maternity, annual health check-up, outpatient, and personal accident (Or.Bor.2) coverage.

Remarks:

- The Applicant is advised to always study details of coverage and conditions carefully before deciding to buy insurance.
- Worldwide coverage (excluding the United States of America where the benefits will be paid for the injury from an accident only). Medical expenses for treatments of chronic kidney disease by hemodialysis and organ transplantation are covered in Thailand only.
- Maternity coverage will be provided following a waiting period of 280 days, except in the case of miscarriage, which will be covered following a waiting period of 90 days.
- It is the responsibility of the Insured to make premium payments. Insurance agencies and brokers only facilitate the service.
- Beyond Care is the marketing name of Special Personal Health and Accident Insurance Policy.
- Should coverage provided by any insurance policy be in violation of any United States (US), United Nations (UN) or European Union (EU) economic or trade sanctions, such coverage shall be null and void. For example, we cannot pay for healthcare services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Assets Control (OFAC) license. Learn more on the US Treasury’s website at: [www.treasury.gov/resource-center/sanctions](http://www.treasury.gov/resource-center/sanctions).

Underwriting Conditions

- Eligible for persons aged 15 days to 65 years. Applicants who purchase their plan before 60 years old and continuously renew the plan will be eligible for lifetime renewal. Applicants who purchase their plan after 60 years old will be eligible to renew the policy until they are 70 years old.
- Applicants under 10 years old must apply policy together with parent(s).
- For insured members who hold more than one insurance policy with Aetna Health Insurance, the maximum payable for medical treatment of any illness will be THB30 million. The maximum payable for personal accident insurance will be THB 1 million across all Aetna policies.
- Term Health Insurance: Yearly Basis
- Underwriting is subject to the company’s rules.



# Using your Beyond Care Plan



## If you need hospital treatment

To ensure the upcoming hospitalization or procedures/ surgeries can be cashless (fax claims), you can contact our network provider to submit a pre-authorization request for Aetna's assessment and approval.



## If you need to talk to a doctor

You can consult with a doctor using the vHealth service and have medicine delivered to your door free of charge. Medication expenses may also be covered under your plan's OPD benefits (if selected). Alternatively, you can seek treatment from a licensed medical practitioner at hospital and claim back your expenses.



## If you need to find a medical provider

- Search via My Aetna on mobile application
- Search on Aetna website ([www.aetna.co.th](http://www.aetna.co.th))

## Examples of Exclusions



Chronic diseases, injury, or sickness (including complications), condition(s) or abnormality(ies) that has occurred before entering the insurance contract.



Medical expenses incurred for

- Sickness that occurs within first 30 days from the effective date of the insurance policy
- Sickness or disease that occurs within 120 days of policy in the case of Tumor Cyst or Cancer, Hemorrhoids, Hernias, Pterygium or Cataract, Tonsillectomy or Adenoidectomy, Stones, Varicose veins, and Endometriosis



Medical expenses incurred for the treatment of attempted suicide or self-inflicted injury.



Acquired Immune Deficiency Syndrome (AIDS), including related complications or sexually transmitted diseases.



Any unconventional treatment, alternative medical treatment or experimental treatment.



Health check-ups, requests for hospitalization, requests for surgery or convalescences that are not medically necessary.





## How to purchase

- 1 Fill in Aetna application form
- 2 Attach a copy of your passport/ID
- 3 Declaring of your health conditions
- 4 Aetna sales representative will contact you back for the result of Underwriting



## Manage your information from anywhere with My Aetna application

My Aetna is an application (app) that conveniently allows Aetna members to check any information related to their Aetna insurance. The information that members can check or obtain themselves via the My Aetna application includes:

- Coverage and remaining benefits (outpatient treatment)
- Information about a claim filed
- Personal information (which can be edited)
- Search results of Aetna network
- Aetna membership card (Aetna E-Card) which can be presented at hospitals and clinics within the Aetna network



## How to make a Claim

### Documents for outpatient treatment

- Claim Reimbursement Form
- Medical certificate stating the results of diagnosis and treatment. In case skin diseases treatment must state diagnosis and medicine
- The original receipt stating details of expenses
- Copy of membership card
- Copy of ID card / Passport

### Documents for hospital treatment

- Claim Reimbursement Form
- Medical certificate indicating the results of diagnosis and treatment
- The original receipt stating details of expenses
- Copy of membership card
- Copy of ID card / Passport

**Note:** In the event that you are unable to deliver the original medical expense receipt, Aetna reserves the right to consider not paying your claim.





**Your partner in health**

Name and Surname of Insured : .....

Date/Month/Year : ..... Time : .....

Payment channel : .....

Mode of payment : .....

**For more details of our health insurance plans, please contact**

Name ..... Surname .....

License no. ....

Tel no. .... Email .....

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**Aetna Health Insurance (Thailand) Public Company Limited**

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