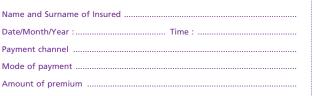


- Extensive cashless medical network of over 490 hospitals and clinics nationwide*
- ⊘ No requirement to buy additional life insurance plan
- ✓ No claim bonus**
- ⊘ Obtain unlimited health and well-being advice from qualified doctors via vHealth service***
- Remarks
- * You may be asked to disburse in case of investigating your pre-existing conditions by Aetna
- ** Subject to the insurance policy's terms and conditions
- *** vHealth Telemedicine Service is provided by Aetna Services (Thailand Limited



For more details of our health insurance plans, please							
Name	Surname						
Lisence no							
Tel	Email						
@2020 A ata	Legith Insurance (Theiland) Dublic Company Limited						

Aetna Health Insurance (Thailand) Public Company Limited 98 Sathorn Square Office Tower, 14th-15th Floor, North Sathorn Road, Silom, Bangrak, Bangkok 10500 Tel. 0 2677 0000 Fax : 0 2230 6500



MaxCare-BR-FN-(



Max Care

Superior health insurance for individuals and families

Superior health insurance for individuals and families

Cover up to THB 5 million

- Room & Board benefit up to THB 12,000 with cover for 365 days
- Top-up your cover with Major Medical benefits with 80% of the eligible expenses of the inpatient hospitalization benefits limit
- Lifetime renewal guarantee*
- Optional outpatient treatment (OPD),
- maternity, and personal accident

* Applicants who purchase a health insurance policy before 60 years old and continuously renew the policy will be eligible for lifetime renewal.

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Table of benefits

	Description			Benefit (Baht)					
				Plan 1 Plan 2 Plan 3 Plan 4 Plan 5 Plan 6					
Maximum benefit for an injury or sickness Per Confinement*			400,000	500,000	600,000	1,000,000	5,000,00		
. Benefit fo	r Inpatient Care						-		
	Room and board including service charges (inpatient) Per Confinement*					,	*		
Section 1	Non-intensive care room, maximum payable per day	1,400	2,500	4,000	5,000	8,000	12,000		
	Intensive Care Unit (ICU), maximum payable per day (with a maximum limit of 15 days Per Confinement*)	2,800	5,000	8,000	10,000	16,000	24,000		
Section 2	Hospital medical expenses for diagnostic and therapeutic procedures, blood and blood components, nursing service, medicines, and parenteral nutrition, and medical supplies Per of	Confinement*				*			
2.1	Hospital medical expenses for diagnostic procedures			40,000	50,000	80,000	200,000		
2.2	Hospital medical expenses for therapeutic procedures, blood and blood components, and nursing service	16,000	30,000						
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*	300	600	900	1,200	1,800	4,500		
Section 4	Surgical and procedures treatment charges Per Confinement*				_				
4.1	Operating theater and procedure room		40,000	50,000	70,000	100,000	250,000		
4.2	Medicines, parenteral nutrition, medical supplies, surgery and procedure equipment	22.000							
4.3	Surgeon's fee including surgical assistants	22,000							
4.4	Anesthesiologist fee								
4.5	Organ transplantation fee	150,000	200,000	250,000	300,000	500,000	1,000,00		
Section 5	Day Surgery			Included	in Section 4		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Benefits f	or 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	nt*	•			-	-		
6.1	Hospital medical expenses for diagnostic procedures relating to the condition diagnosed within 30 days before and after hospitalization								
6.2	The expenses for OPD visit post hospitalization within 30 days (excluding hospital medical expenses for diagnostic procedures)		Included in Section 2						
Section 7	Medical expenses for an injury (OPD) within 24 hours Per accident	2,200	4,000	5,000	7,000	10,000	25,000		
ection 8	Rehabilitation post hospitalization Per Confinement*		Included in Section 2						
Section 9	Hospital medical expenses for treatment of chronic kidney disease by hemodialysis Per Policy Year	10,000	10,000	15,000	15,000	25,000	50,000		
ection 10	Medical expenses for treatment of tumor or cancer by radiation therapy, interventional radiology, nuclear medicine therapy Per Policy Year								
ection 11	Medical expenses for treatment of cancer by chemotherapy Per Policy Year	300,000	400,000	500,000	600,000	1,000,000	5,000,00		
ection 12	Ambulance services, maximum payable per trip		1,000			•			
ection 13	Minor surgical expenses		Included in Section 4						
dditional B		, ,							
		Mai	or Medical Trea	tment paid up t	o 80% of eligible	expenses for in	patient		
lajor Medic	al Treatment				e maximum limit				
Fee for special nurse care at home, maximum payable per day (limited to 15 days Per Confinement*)					500		******		
Personal Accident (Or.Bor.2)***		20,000	40,000	60,000	100,000	100,000	100,000		
	Optional Benefits								
he Insuring	J Agreement for Outpatient Medical Treatment, per visit (maximum benefit 1 visit per day, 30 visits per year)								
lassic		400	500	1,000	1,500	2,000	2,500		
lus		500	800	1,200	2,000	2,500	3,000		
eluxe		600	1,000	1,500	2,500	3,000	3,500		
Maternity Benefits**** (insured is able to purchase one of any maternity benefit plans)		Plan 1		Plan 2	Plan 3		Plan 4		
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	180,00		240,000		
Viscarriage		20,000		30,000	45,000		60,000		
	cident (Or.Bor.2)								
A 200 plan				20	00,000				
PA 400 plan		400,000							
A 900 plan (for occupation class 1 and 2 only)					00,000				

* 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.

** Except section 1, 4.5, 7, 9, 10, 11, 12

*** 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) **** For maternity benefits, policyholders must make an advance payment for medical services.

Remarks

 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.

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 THB 1 million across all Aetna policies.

- Term Health Insurance: Yearly Basis
- Underwriting is subject to the company's rules.

🖻 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 occur within first 30 days form the effective date of the insurance policy
- Sickness or disease that occur within 120 days of policy inception 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, hospital confinement, requests for surgery or convalescences that are not medically necessary

Remarks

- This document is not part of the insurance policy.
- The Applicant is advised to always study details of coverage and conditions carefully before deciding to buy insurance.
- It is the responsibility of the Insured to make premium payments. Insurance agencies and brokers only facilitate the service.
- • Max Care is the marketing name of Personal Health and Accident Insurance Policy.

Should coverage provided by any insurance policy be in violation of any United States (US), United Nations (UN) of 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.