



Medical Cover - Thai Expat Club



Schedule of Benefits

| BENEFITS DESCRIPTION | INPATIENT BENEFIT LIMIT (BAHT) | | |
|---|--------------------------------|------------------|------------------|
| | Plan 6 | Plan 7 | Plan 8 |
| INPATIENT AND DAY BENEFITS | | | |
| ROOM AND BOARD | | | |
| Room and board including nursing service (Maximum payable per day) | 2,500 | 3,000 | 4,000 |
| ICU room and board including nursing and service charges (Maximum payable per day) | 5,000 | 6,000 | 8,000 |
| HOSPITAL GENERAL EXPENSES | | | |
| Hospital general expenses including drugs, dressing, X-ray, laboratory tests, physical therapy and use of operating theatre and emergency treatment. (Maximum payable per disability) | 40,000 | 50,000 | 60,000 |
| Emergency treatment - first visit within 24 hours of emergency and 15 days follow up (Included in hospital general expenses) | 7,000 | 8,000 | 9,000 |
| Specialist's consultation fees in connection with an operation or no operation - maximum per disability. (Included in surgical fee or hospital general expenses) | 6,000 | 7,000 | 8,000 |
| Ambulance - maximum payable per disability. (Included in hospital general expenses) | 1,000 | 1,000 | 1,000 |
| SURGICAL FEE | | | |
| Surgical fee per disability (pays percentage of benefit in accordance with complexity of the procedure as per policy schedule.) | 55,000 | 65,000 | 70,000 |
| PHYSICIAN'S FEE | | | |
| In-patient physician's fees for doctor visits (one visit per day) | 1,200 | 1,300 | 1,500 |
| PERSONAL ACCIDENT | | | |
| Personal Accident - lump sum payment in the event of death or dismemberment | 400,000 | 500,000 | 600,000 |
| OPTIONAL BENEFIT | | | |
| MAJOR MEDICAL | | | |
| Major medical pays 80% of eligible medical expenses in excess of the basic inpatient benefits (excluding room and board) up to the maximum shown below | | | |
| Overall maximum inpatient benefit payable per disability under the plan | 400,000 | 500,000 | 600,000 |
| OUTPATIENT (PER VISIT) | | | |
| Includes doctor consultation, drugs, X-ray and laboratory test (maximum benefit per visit/ 1 visit per day / maximum of 30 visits per year) | 1,000 | 1,200 | 1,500 |
| Yearly premium | 10,886.45 | 12,951.51 | 15,929.45 |
| Administraion fee | 500.00 | 500.00 | 500.00 |
| Total cost (Baht) | 11,386.45 | 13,451.51 | 16,429.45 |