

D Health+Plus

D Health Plus Rider

Get It Easily
and be covered
to the max



Plus **Ultimate Coverage**
as you wish

D Health+Plus

Get It Easily and Be Covered to the Max

Lump sum coverage up to 5 million Baht⁽¹⁾
per hospitalization

Coverage for hospital admission including OPD benefit for continuous treatment and rehabilitation

It covers standard single room fee, ICU room fee, doctor fee, medication fee, examination fee, surgery fee and physical therapy fee

OPD coverage for major, minor surgery and injury from an accident within 24 hours



Entry age is 11-90 years old

Long-term coverage until attaining the age of 99



Be covered to the max

Coverage for cancer, kidney disease, critical illnesses, common diseases, epidemics and accidents



Hospitalized in a standard single room

in any hospital



Options of your choice

Choose lump sum benefit paid for you from the first Baht or
Choose deductible plan to reduce insurance premiums



Customize as needed

After retirement, you can reduce deductible amount for higher coverage.
No health declaration required



Plus ultimate coverage as you wish

Care Plus, OPD Per Time, OPD Maochai, Maternity Plus and Well-Being Plus

(1) For choosing plan with sum insured of 5 million Baht

Feel Free to Choose... Let's Choose Your Right Coverage

(Baht)

Coverage (per inpatient hospitalization)	Plan 1 MB			Plan 5 MB			
Maximum Benefit	1,000,000			5,000,000			
Deductible	None	30,000	50,000	None	30,000	50,000	100,000
<u>Example</u> Annual Insurance Premium Male aged 35 years	21,548	11,750	9,343	22,109	12,423	10,496	4,523
<u>Example</u> Annual Insurance Premium Female aged 35 years	22,894	13,129	9,629	23,492	13,633	10,816	4,684

Per Inpatient Hospitalization means hospitalization as an inpatient or treatment with major surgery that does not require inpatient hospitalization (day surgery) each time, and hospitalization as an inpatient or treatment with major surgery that does not require inpatient hospitalization (day surgery) regardless of how many times due to the same injuries or illnesses that have not been cured, including related or ongoing complications. If the hospitalization is not over 90 days apart, counting from the last discharge date, it will be regarded as the same hospitalization.

Who Should Purchase **D Health Plus**

Freelance: No existing welfare

Purchasing 5 MB plan of D Health Plus without deductible
Male aged 35 years: annual premium of **22,109 Baht**



Illness
(hospitalized in a standard single room) with expenses of 200,000 Baht

D Health Plus provides coverage from the first Baht **200,000 Baht**

Maximum benefit 5,000,000 Baht

Receive coverage to the max

Salaried employee: existing welfare of 30,000 Baht

Purchasing 5 MB plan of D Health Plus with 30,000 Baht deductible
Male aged 35 years : annual premium of **12,423 Baht**



Illness
(hospitalized in a standard single room) with expenses of 200,000 Baht

Exercise the existing welfare of 30,000 Baht

D Health Plus pays the exceeding amount of **170,000 Baht**

Maximum benefit 5,000,000 Baht

Lower premium, no overlapping premium payment

D Health Plus, Change to Suit Your Needs

Convertible Option

You can choose to reduce deductible **without health declaration required** during the age of 55-65 while having D Health Plus for at least 5 consecutive years. Conditions are as specified by the Company.

Example Change of plan based on age range

Salaried employees can make the right plan in every stage of life. Your plan will not be disturbed because we provide you with continuous coverage.

At the **age of 35** during the working stage, you have existing welfare.



Choose plan

With deductible

Existing welfare

Coverage
(during the age of 35-54)

For lower premium, no overlapping premium payment

At the **age of 55** upon retirement, you have no existing welfare.



Exercise convertible option

Choose plan (subject to the rules)

No deductible

Reduce deductible

Coverage
(during the age of 55-99)

For consistency with changing welfare

Remark: Changing the plan is subject to the deductible reduction criteria. Please study additional details.

Additional Coverage

You can choose together with D Health Plus

Maternity Plus

To take care of expenses during the pregnancy and after child delivery with maximum benefit of 2-4 million Baht per policy year



Pregnancy can come with unforeseen risks and expenses.

- Risk of miscarriage
- Risk of pre- and post-natal complications
- High costs of child delivery

Well-Being Plus

For good health and building shield before getting sick with coverage up to 24,000-38,500 Baht per policy year



Annual Health Checkup

Plan for health checkup 1 time per year



Vaccination

Certified by WHO with peace of mind



Eye Care

i.e. eye examination fee, cost of spectacle frame and corrective lenses as prescribed by the ophthalmologist



Annual Dental Checkup

including scaling and cleaning, dental filling and restoration, examinations, x-rays, extraction, root canal treatment, bridgework and crowns, gum disease treatment, etc.

Coverage Schedule of D Health Plus

The Company shall pay the following benefits for the expenses which arise from medical treatment based on medical necessity and medical standard according to general service rate for the items stated in the benefit schedule in accordance with the actual expense after deducting deductible (if any) but not exceeding the benefit specified in the benefit schedule of this rider.

Brief Benefit	Plan 1 MB	Plan 5 MB
1. Inpatient benefits		
Section 1 Room, board, and hospital service expenses (inpatient) per inpatient hospitalization Total benefits of the subsection 1.1 and 1.2 must not exceed 180 days.		
Subsection 1.1 Room, board, and hospital service expenses (inpatient) per inpatient hospitalization		As charged (Total benefits must not exceed the starting standard single room fee.)
Subsection 1.2 In case the insured is treated in intensive care inpatient room, the Company shall pay for room, board, and hospital service expenses (inpatient) per inpatient hospitalization up to 60 days		As charged
Section 2 Medical expenses for diagnosis or treatment, blood bank and blood components expenses, nursing service fee, medication expenses, intravenous nutrition expenses and medical supply expenses per inpatient hospitalization		
Subsection 2.1 Medical expenses for diagnosis		As charged
Subsection 2.2 Medical expenses for treatment, blood bank and blood components expenses and nursing service fee		As charged
Subsection 2.3 Medication expenses, intravenous nutrition expenses and medical supply expenses		As charged
Subsection 2.4 Expenses for home medication and disposable medical supply (medical supply 1) (up to 7 days)		20,000 Baht
Section 3 Attending medical professional (physician) fee per inpatient hospitalization (up to 180 days)		As charged
Section 4 Surgical treatment expense (surgery) and medical procedure expenses per inpatient hospitalization		
Subsection 4.1 Operating room expense and medical procedure room expenses		As charged
Subsection 4.2 Medication expense, intravenous nutrition expenses, medical supply expenses and surgical equipment and medical procedure expenses		As charged
Subsection 4.3 Medical professional performing surgery and medical procedure fee for surgeon and surgeon's assistant (doctor fee)		As charged
Subsection 4.4 Anesthesiologist fee (doctor fee)		As charged
Subsection 4.5 Organ transplantation fee		As charged
Section 5 Major surgery that does not require inpatient hospitalization (day surgery)		As charged

Coverage Schedule of D Health Plus (Continued)

Brief Benefit	Plan 1 MB				Plan 5 MB			
2. Non-inpatient benefits								
Section 6 Medical expenses for directly related diagnosis incurred before and after inpatient hospitalization or directly related outpatient medical expenses after inpatient hospitalization per inpatient hospitalization								
Subsection 6.1 Medical expenses for directly related diagnosis incurred within 30 days before and after inpatient hospitalization	As charged							
Subsection 6.2 Outpatient medical expenses after inpatient hospitalization per time for continuous medical treatments within 30 days from the date of inpatient discharge (excluding medical expense for diagnosis)	As charged							
Section 7 Outpatient medical expenses for injury within 24 hours after accident per time	As charged							
Section 8 Rehabilitation fee after each inpatient hospitalization per inpatient hospitalization	As charged							
Section 9 Medical expenses for chronic kidney failure treatment by hemodialysis per policy year	Not cover							
Section 10 Medical expenses for tumor and cancer treatment by radiotherapy, interventional radiology, nuclear medicine therapy per policy year	Not cover							
Section 11 Medical expenses for cancer treatment by chemotherapy per policy year	Not cover							
Section 12 Emergency ambulance fee	As charged							
Section 13 Minor surgery treatment expenses	As charged							
Cost sharing								
Deductible (per inpatient hospitalization) for total benefits of the sections 1 - 8 and 12 - 13	0 Baht	30,000 Baht	50,000 Baht	0 Baht	30,000 Baht	50,000 Baht	100,000 Baht	
Copayment (After deducting deductible per inpatient hospitalization) for total benefits of the sections 1-8 and 12-13	None							
Maximum benefit								
Total benefits of the sections 1-8 and 12-13 per inpatient hospitalization after deducting deductible and copayment (if any)	1,000,000 Baht			5,000,000 Baht				
Maximum benefit per policy year	None							

Remark: The coverage area of D Health Plus Rider is Thailand only.

This rider shall provide coverage for medical treatment in Thailand. However, in cases where medical treatment is required outside of Thailand, the Company shall provide coverage as indicated in the benefit schedule only under the following circumstances:

- 1) Physical injury due to accident
- 2) Illnesses only in case of overseas emergency according to the definition as specified in this endorsement

However, under both circumstances, the initial date of treatment at the overseas hospital must be within the first 90 days of each trip outside of Thailand. The Company shall provide coverage for necessary and reasonable expenses that are incurred due to treatments according to medical necessity and medical standard of that particular country.

Coverage Schedule of Additional Health Coverage

Maternity Plus

This endorsement is attached to and considered as part of the rider that this endorsement is attached to. All benefits under this endorsement will be paid when the insured meets the benefit payment provisions and conditions specified in the coverage conditions or when the insured has to be treated in a hospital or medical center according to medical necessity. The Company shall pay the following benefit for the expenses incurred or which arise from medical treatment based on medical necessity and medical standard according to general service rate, whichever the case may be. The benefits will be paid in accordance with the actual expense but not exceeding the benefit specified in the benefit schedule of the endorsement.

(Baht)

Brief Benefit	Plan 1	Plan 2
Child delivery expense, maximum per time		
• Natural child delivery, including cesarean section planned in advance <u>without</u> medical indication	60,000	150,000
• Cesarean section <u>with</u> medical indication	80,000	200,000
Cervical dilation and curettage fee in case of miscarriage	As charged	
Expenses due to pre- and post-natal complications		
Maximum benefit per policy year	2,000,000	4,000,000

Remarks: • The coverage area of Maternity Plus Endorsement is Thailand only.

- Maternity Plus Endorsement must be purchased to be attached to D Health Plus Rider which is still effective only.

Waiting Period

The Company shall pay benefit for expense of child delivery in a hospital or medical center after 280 days, for cervical dilation and curettage fee in case of miscarriage after 90 days, and for medical treatment expenses in a hospital or medical center due to pre- and post-natal complications after 280 days from the effective date of this rider.

Well-Being Plus

This endorsement is attached to and considered as part of the rider that this endorsement is attached to. All benefits under this endorsement will be paid when the insured meets the benefit payment provisions and conditions specified in the coverage conditions or when the insured has to be treated in a hospital or medical center according to medical necessity. The Company shall pay the following benefit for the expenses incurred or which arise from medical treatment based on medical necessity and medical standard according to general service rate, whichever the case may be. The benefits will be paid in accordance with the actual expense but not exceeding the benefit specified in the benefit schedule of the endorsement.

(Baht)

Brief Benefit	Plan 1	Plan 2
Annual health checkup fee per policy year	5,000	10,000
Vaccination fee per policy year	4,000	6,000
Dentistry fee per policy year	10,000	15,000
Eye care fee per policy year	5,000	7,500

Remarks: • The coverage area of Well-Being Plus Endorsement is Thailand only.

- Well-Being Plus Endorsement must be purchased to be attached to D Health Plus Rider which is still effective only.

Waiting Period

The Company shall pay for the annual health checkup for the insured 1 time per year after one year, and vaccination fee, dentistry fee, and eye care fee after 30 days from the effective date of this endorsement.

Underwriting Criteria

Health Coverage	Insurable Age	Renewal	Coverage Period
D Health Plus Rider	11-90 years old	Until the age of 98	Until the age of 99, or upon the maturity of the base plan
Maternity Plus Endorsement	15-49 years old	Until the age of 49	Until the age of 50, or upon the maturity of the base plan or rider
Well-Being Plus Endorsement	11-90 years old	Until the age of 98	Until the age of 99, or upon the maturity of the base plan or rider

Health checkup is subject to the Company's rules.

General provisions of D Health Plus Rider you should know before making a decision to purchase insurance are as follows:

Renewal

This rider may be renewed on the policy anniversary date without having to provide evidence but the Company still reserves the right to adjust the premium rate as specified in the provision regarding "Premium Adjustment" as approved by the registrar, except in any of the following event, the Company shall reserve the right not to renew the rider. the Company must notify the insured in advance in writing not less than 30 days.

- 1) In case there is the evidence that the insured omits to disclose any fact in the insurance application form or reinstatement form, health declaration form and other declarations related to the formation of health insurance rider which is so material that the Company may be induced to charge higher premium, or refuse to enter into the insurance contract, or provide the coverage with conditions.
- 2) The insured makes a claim from the fact that he/she has requested for the treatment for injury or illness without medical necessity.
- 3) The insured makes total claims from all companies for compensation from hospitalization higher than the actual income.

In this regard, for the renewal of this rider, the Company reserves the right to amend the conditions of coverage by adding a condition requiring copayment from the insured according to the following rates and criteria.

- 1) Copayment at 30% of the covered expenses in cases where the insured has claimed benefits for simple diseases and has been hospitalized as an inpatient 3 or more times within the policy year, with a claim ratio under this rider exceeding 200%, or
- 2) Copayment at 30% of the covered expenses in cases where the insured has claimed benefits for inpatient hospitalization 3 or more times within the policy year, with a claim ratio under this rider exceeding 400%, excluding claims for critical illness treatment and/or major surgeries.

If the claims of each insured under this rider meet the criteria (1) and (2), the Company shall impose a copayment condition of 50% of the covered expenses.

If the Company imposes a copayment condition on the insured and later the insured's claims or claim ratio decreases below the specified criteria, the Company shall consider reducing the copayment rate for the insured, in accordance with the Company's terms and conditions.

The claim ratio is calculated by dividing the total claims approved and paid by the Company during the policy year by the premium for that policy year.

If the Company adds a condition requiring copayment from the insured according to the rates and criteria above, the Company shall issue evidence regarding the copayment rates and criteria to the insured at least 15 days before the policy anniversary date.

Premium Adjustment

The Company may adjust premium on the policy anniversary date according to the premium rate approved by the registrar due to the following factors.

- 1) Age and occupation class of each person.
- 2) Higher medical expenses or overall claim experience of the portfolio of this rider or claim experience of each insured whereby the Company shall notify the insured in writing via a registered mail or other means accepted by the insured at least 30 days in advance.

Exclusions of D Health Plus Rider with a total of 21 clauses, for example:

This rider shall not cover medical expenses or damages incurred from injury or illness (including its complications), conditions, or abnormality that arises from:

1. Cosmetic surgery or any other diagnosis or treatments for skin beauty purposes, pimple, blemish, and freckles treatment, dandruff and hair fall treatment, or weight control, or elective surgeries, except for reconstructive surgery required after an accident incurred whilst the rider is effective.
2. Anti-aging diagnosis, treatment or prevention by consuming drugs or substances, hormone replacement therapy for peri-menopausal and postmenopausal women, male or female sexual malfunction, any sexual disorder treatments and sex change surgery.
3. Treatment or rehabilitation for narcotic substance, cigarette, alcohol or psychotropic substances.
4. Treatment under experiment, treatment or diagnosis on obstructive sleep apnea, treatment or diagnosis on sleep disorders and snoring.
5. Expenses incurred from the diagnosis and treatment that the insured as physician prescribed for himself/herself and also such expenses that incurred from order of physician who is the Insured's father, mother, spouse, or child.

Waiting Period

- (a) The Company shall not pay the benefit for any illness which incurs within 30 days from the effective date or the latest date of renewal of this rider, whichever is the latest.
- (b) Illnesses due to the following diseases or abnormalities (including its complications) which incur within 120 days from the effective date or the latest date of renewal of this rider, whichever is the latest
 1. Tumors, cysts or all types of Cancer
 2. Hemorrhoid
 3. All types of hernia
 4. Pterygium or cataract
 5. Tonsillectomy or adenoidectomy
 6. All types of stones
 7. Varicose vein
 8. Endometriosis

- Remarks:**
- Underwriting is subject to the Company's rules.
 - The coverage of The rider must not exceed The coverage period of The life insurance policy that this rider is attached to.
 - Premium is eligible for tax deduction. Conditions are as specified by the Revenue Department.
 - D Health Plus Rider must be purchased to be attached to the policy which is still effective.
 - Applying for insurance, changing, or canceling a base-plan insurance policy or a rider may impact the premium amount eligible for annual personal income tax deduction.
 - Land and Houses Bank Public Company Limited as a life insurance broker presents life insurance and facilitates payment of premium only. Muang Thai Life Assurance Public Company Limited is responsible for the coverage conditions, and entitled benefits according to the insurance policy conditions.

Warning: Buyers should have an understanding in the details of coverage and conditions every time before making a decision to purchase insurance.

Disclaimer: This English translation is intended for reference only. The Thai version shall be the only legally binding version. In the event of discrepancy between the Thai version and the English translation, the Thai version shall always prevail.

D Health Plus Rider can be attached to the following base-plan policies:

- Muang Thai Smart Protection 99/20 Insurance Plan
- Whole Life 99/99 (Premier) Insurance Plan
- Phuea Kumkrong Talod Chip 99/1 (Mai Mi Ngoen Khuen) Insurance Plan
- Flexi Retire 90/5 D55 (Bamnan Baeb Lodyon Dai) Insurance Plan
- Flexi Retire 90/5 D60 (Bamnan Baeb Lodyon Dai) Insurance Plan
- Flexi Retire 90/5 D65 (Bamnan Baeb Lodyon Dai) Insurance Plan
- Happy Life 9090 Insurance Plan
- Happy Life 997 Insurance Plan
- 99/9 LHB Happy Return Insurance Plan
- 99/20 LHB Flexi Design Insurance Plan
- Care Plus Package Happy Life 99/99 Insurance Plan
- D Health Plus Package Happy Life 99/99 Insurance Plan
- 10/4 LHB Happy Return Insurance Plan
- 10/10 Happy D Health Plus Package Insurance Plan

Remarks:

- Happy Life 9090 Insurance Plan is the marketing name of Muang Thai Smart Protection 90/90 Insurance Plan.
- Happy Life 997 Insurance Plan is the marketing name of Muang Thai Happy Return 99/7 Insurance Plan.
- 99/9 LHB Happy Return Insurance Plan is the marketing name of Muang Thai Happy Return 99/9 Insurance Plan.
- 99/20 LHB Flexi Design Insurance Plan is the marketing name of Muang Thai Flexi Protection 99/20 Insurance Plan.
- Care Plus Package Happy Life 99/99 Insurance Plan is the marketing name of Kumkrong Talod Chip 99/99 Insurance Plan.
- D Health Plus Package Happy Life 99/99 Insurance Plan is the marketing name of Kumkrong Talod Chip 99/99 Insurance Plan.
- 10/4 LHB Happy Return Insurance Plan is the marketing name of Muang Thai Saving Delight 10/4 Insurance Plan.
- 10/10 Happy D Health Plus Package Insurance Plan is the marketing name of Term 10/10 Insurance Plan.

Assured by



MUANG THAI LIFE
ASSURANCE

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