The English Language used in this policy in merely a translation of Thai Version

Group Health Insurance Policy

In reliance upon the statement made in the proposal for insurance which is considered a part of this insurance policy, and in consideration of the premium paid by the Insured, and subject to the general conditions, insuring agreements, exclusions and attached endorsements of this insurance policy, the Company agrees to the covered persons as follows

SECTION 1. DEFINITIONS

Words or expressions to which specific meanings have been attached in any part of this Policy or of the Schedule shall bear such specific meanings wherever they shall appear.

1	COMPANY	refers to	the Company who issues this insurance policy.
2	POLICY	refers to	policy schedule, benefits schedule, insuring agreement, exclusions, conditions, specififfications, endorsements, which are all regarded as being part of the contract.
3	POLICY HOLDER	refers to	Individual or entity named as the policy holder on the policy schedule who is arranging this insurance for the benefit of the covered person.
4	INSURED	refers to	Employees or members of the policy holder who are named as Insured in the policy schedule or the attachment.
5	DEPENDENT	refers to	Dependents of the Insured who are named in the policy i.e. 1) spouse of the Insured who is less than 60 years old 2) legal children of the Insured or of the spouse from the age of 24 weeks but not over 20 years who is not yet married and is still attending school.
6	COVERED PERSON	refers to	the Insured and/or the Insured's dependent(s) who are named in the policy schedule or endorsement.
7	INSURANCE WITH PREMIUM CONTRIBUTION	refers to	Insurance which the Insured pays for all of the premium or the insurance which the policy holder pays for part of the premium and the Insured contributes by paying part of the premium.
8	INSURANCE WITHOUT PREMIUM CONTRIIBUTION	refers to	Insurance which the policyholder pays for all of the premium.
9	ACCIDENT	refers to	an event which happens suddenly from external means giving rise to a result which is not intended or anticipated by the covered person.
10	INJURY	refers to	bodily injury which is caused directly and solely from an accident and is independent from other causes.
11	SICKNESS	refers to	illness or disease contracted by the covered person.
12	PHYSICIAN	refers to	a person licensed to practice modern medicine with the Medical Council who can render medical treatment and surgery within the territory who is licensed.
13	DENTIST	refers to	a person licensed to be a dentist with the Medical Council who can render dental treatment within the territory who is licensed.
14	SPECIALIZED PHYSICIAN	refers to	a person licensed to practice modern medicine with the Medical Council who is not the Insured's attending physician, but the physician who gives advice, consultation, or medical treatment in coordination with the Insured's attending physician.
15	NURSE	refers to	a person licensed to perform nursing duties with the Nurse Council.
16	NURSING CARE	refers to	expense that a hospital or a medical facility charged to an in-patient for nursing care provided while hospitalized.
17	INPATIENT	refers to	a person who is registered as an inpatient admitted to a hospital under the care of a licensed medical practitioner and who needs to be accommodated in a hospital bed (according to the medical necessity) for a minimum of 6 hours for medical treatment and also be appropriate

			in length of stay. This also includes the circumstance when an inpatient dies before 6 hours after hospitalized.
18	OUTPATIENT	refers to	a person who receives medical treatment in a clinic, hospital outpatients department, or emergency room or undergoes a procedure without the need (according to medical necessity) to be accommodated in a hospital bed.
19	HOSPITAL	refers to	a legally constituted institution which is open for medical treatment and can provide overnight accommodation to its patients including major surgery facility.
20	MEDICAL FACILITY	refers to	A legally constituted medical facility which is open for medical treatment and can provide overnight accommodation to its patients.
21	CLINIC	refers to	a legally constituted clinic which is open for medical treatment without overnight accommodation.
22	STANDARD OF MEDICAL PRACTICE	refers to	Medical practice which is accordance to the generally accepted standards, according to the medical necessity, and considered appropriate for treating the patient's illness, injury or for an autopsy (if any).
23	MEDICAL NECESSITY	refers to	medical treatment which meets the following conditions: 1) in accordance with the diagnosis, and treatment for such illness or injury; and 2) in accordance with medical indication of modern medicine; and 3) not primarily for the convenience of the patient or his/her family, physician; and 4) in accordance with generally accepted standard to care for the patients, and considered appropriate for the treating patient's illness or injury.
24	ALTERNATIVE MEDICINE PER DISABILITY	refers to	A variety of therapeutic or preventive health care practices, such as traditional Thai or Chinese herbal medicine, and similar which is not considered as modern medicine.
25	HOSPITALIZATION	refers to	This means that if a covered person receives continuous treatment in connection with or in relation to one previous injury or sickness arising from other causes occurred at the same time of one hospitalization, those treatments will be counted as the same disability unless such treatments occur not less than..... days (please specify but not over 90 days) after being discharged from hospitalization.
26	AIDS	refers to	Acquired Immune Deficiency Syndrome (AIDS) which is caused by the Human Immuno-deficiency Virus (HIV). This also refers to any diseases or illnesses caused by AIDS or HIV such as kaposi's sarcoma and other malignant neoplasms, central nervous system lymphoma, encephalopathy (dementia) and opportunistic infections. Opportunistic infections include but not limited to pneumocystic carinii pneumonia, chronic diarrhea, chronic gastroenteritis (from any pathogens), viral infection, parasitic and disseminated fungi infection.
27	CUSTOMARY AND REASONABLE MEDICAL CHARGES	refers to	the charge for health care that is consistent with the average rate or charge for identical or similar services in the hospital, medical facility, or clinic the covered person receives treatment.
28	DEDUCTIBLE	refers to	the first fixed amount of eligible medical expenses per visit or per disability for which the covered person is responsible for paying as stated in the policy schedule.
29	CO-PAYMENT	refers to	the amount of eligible medical expenses for which the covered person is responsible for paying. The amount can be a fixed amount per visit or per disability or a percentage of the eligible expenses as stated in the policy schedule.

30	TERRORISM	refers to	an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

SECTION 2. GENERAL CONDITIONS

1. Insurance Agreement

This insurance agreement is based upon the information provided by the policy holder and the covered person in the form requesting insurance coverage, and the status of the health questionnaire signed by the covered person for the purpose of obtaining insurance coverage.

In the event that the policy holder, the covered person misrepresents or omits to inform the company of any relevant facts, the company when aware of the true situation, may decide to increase the premium level or void the policy as per clause 865 of the Civil and Commercial Code.

The Company cannot deny acceptance of responsibility except where there has been material misrepresentation in the aforementioned documents submitted by the policy holder, the covered person.

2. Incontestability Clause

The Company waives the right to dispute the validity of the insurance contract after 2 years from the first inception date, except when the premium is not received.

In case the Company knows of any information which may lead the insurance contract to void but does not exercise the right to void within 1 month after that information is known, the Company can no longer exercise the right to void this insurance agreement.

3. Changes to the Policy

Any changes in the contract must be approved by the Company and noted in the insurance policy or endorsement before such changes shall be valid.

4. Recording of the Covered Person(s)

4.1 The policy holder must maintain record of the covered person(s) containing necessary information of each person regarding name, gender, age or date of birth, benefit schedule, effective date of cover, expiry date of cover, beneficiary and other information deemed necessary for this insurance.

4.2 Mis-recording or mis-reporting will not make this insurance void or invalid and will not automatic re-instate the insurance policy which was already cancelled. After uncovered of any errors or omissions, the information should be updated accordingly.

4.3 The policy holder must submit the document and evidence as requested for proof of insurance to the Company and must allow the Company to audit as necessary.

5. Payment and Coverage

5.1 The first year of the policy, the policy holder or the Insured must pay the premium before or the effective date. The coverage will commence from the effective date stated in the policy schedule.

5.2 In subsequent renewal years, the policy holder or the Insured must pay the renewal premium within 30 days of the policy expiry date. The coverage in the renewal year will be as follows:

5.2.1 Provided the policy holder or the Insured pays the premium within 30 days, the Insured will be continually covered and there will be no new pre-existing condition (Condition No.21) applied to the policy.

5.2.2 If the policy holder or the Insured does not pay the premium within 30 days the Company will consider the policy to have expired on the expiry date.

6. The Eligible Date of Cover

6.1 For an insurance without premium contribution, the eligible date of cover is the first date of employment or the date after probation period is over depending on the information specified in the proposal form by the Policy Holder. or

6.2 For an insurance with premium contribution, the eligible date of cover is:

6.2.1 The policy inception date for any request of an insurance prior to the inception date.

6.2.2 On the date of request for cover if it is within 30 days from the inception date, or on the date the covered person becomes a new employee or

6.2.3 On the date the Company agrees to insure in case the date of request is beyond what is specified in 6.2.2

If the covered person cannot work on a full-time basis due to injury or sickness on the date he/she is eligible for cover under this insurance, the cover will commence the first day he/she is back to work on a full time basis.

7. Cover for the dependents

7.1 The dependent (s) will be covered under this insurance policy provided that the Insured is still covered under this policy

7.2 If the dependent obtains medical treatment on or before the policy commencement date, he or she will not be covered until he or she is discharged from the hospital or medical facility and fully recovered.

8. Misrepresentation of Age or Gender

If there is a misrepresentation of age or gender which caused the followings:

8.1 the Company to receive the premium less than what it should be, the Company shall pay the compensation equal to the coverage amount of which the previously paid premium can buy for the correct age or gender. If the correct age or gender is not within the normal accepted risk for this insurance, the Company is not entitled to pay the benefit but will refund the paid premium.

8.2 If the premium received by the Company is more than the premium charged for the correct age and gender, the Company will

9. Renewal of the Policy

9.1 This insurance policy can be renewed until the policy year when the covered person reaches the age of 65 years without having to provide additional evidence. The Company reserves the right

9.1.1 To adjust the premium in accordance with the age and risk profile of the covered person(s).

9.1.2 To adjust any term and conditions, coverage as necessary.

9.2 The Company reserves the right not to renew the policy but must inform the policy holder or the Insured in writing at least 30 days prior to the policy expiry date as stated in the policy schedule including reason for non-renewal.

10. Premium adjustment

In case of renewal, the Company reserves the right to adjust the premium in accordance with the age and risk profile of the covered person(s), and the premium adjusted must be within the approved rate by the Office of Insurance Commissioner. The Company must also give prior written notice to the Insured.

11. Benefit amount for additional covered person joining during the policy year

Should any covered person join during the policy year after the policy commencement date, the premium will be charged on a pro-rata basis in accordance with the length of cover. The benefits amount per year will also be pro-rated in accordance the policy schedule and the length of cover.

12. Changes or Upgrade of Benefits

Should there be any upgrades of the benefits for any covered person under this policy during the policy year or at the time of the policy renewal, the new higher benefits will be effective on the first day of the following months after the date that the Company has been informed of the change. The following conditions will also apply:

12.1 If the covered person is off work for any reasons other than the normal leave approved by the policyholder, there will not be an upgrade of benefit until the first day the covered person is back to work on a full time basis.

12.2 If the covered person is sick or injured prior to the change, the maximum payable for those diseases causing the sickness or injuries will not be higher than the maximum payable under the old benefit entitlements prior to the change.

12.3 Any diseases or injuries for which benefits have already been paid prior to the upgrade will continue to be paid under the old benefit entitlement. This also applies to any conditions which have not been excluded from the Policy but existed prior to the upgrade and for which the covered person has not yet received treatment.

The Insured must submit a request to the Company for a change or upgrade of the benefit, and it will be effective once the Company agrees to it.

13. Termination of Contract

13.1 The coverage for the Insured is terminated if any of the following incidents occurred, whichever comes first.

13.1.1 If the Insured retires or no longer be employed. The Company will refund the premium to the policy holder or the Insured on a pro-rata basis.

13.1.2 If the Insured is dead. The Company will refund the premium to the beneficiary on a pro-rata basis.

13.1.3 If the policy holder or the Insured has not paid the premium (per condition 5.2)

13.1.4 Upon the end of employment of the Insured. The Company will refund the premium to the policy holder or the Insured on a pro-rata basis

13.2 The coverage for each dependent will be terminated if any of the following incidents occurred, whichever comes first.

13.2.1 With effect from the policy expiry date if the dependent no longer qualifies as a dependent under the aforementioned definition.

13.2.2 If the dependent is dead. The Company will refund the premium to the insured or the beneficiary on a pro-rata basis

13.2.3 If the policy is terminated according to condition 13.1 above. The Company will refund the premium to the policy holder, the Insured, or the beneficiary on a pro-rata basis except the case for non-payment of premium.

13.3 The Company has paid up to the maximum benefit shown in the policy schedule for the insuring agreement and/or endorsements.

13.4 The time on expiry date ends at 16:30 hrs, Thailand time.

14. Re-instatement

If this insurance policy is terminated because the policy holder or the Insured did not pay the renewal premium by the due date, the policy holder or Insured may request the policy to be re-instated but only with the agreement by the Company within 90 days from the payment due date. In this case condition No 21 "pre-existing conditions" will not be re-applied.

Cover for injury will be effective from the date the Company agrees to re-instate the policy while the coverage for sickness will be effective after 10 days from the effective date of the policy re-instatement.

15. Examination Rights

The Company has the right to medically examine the covered person who is claiming benefit under this policy and has the right to conduct an autopsy, within the limits of the law, in case of death, and the expense incurred will be paid by the Company.

If the covered person does not allow the Company to investigate his claim or give permission to access his medical record or diagnosis, the Company reserves the right not to pay such claims.

16. Notification of Claim

The policy holder or the covered person or the representative of the covered person must inform the Company of any sickness or injury which might result in a claim without delay. In case of death the Company must be notified immediately unless good reason with supporting evidence can be given in the case of delay.

17. Submission of Claims Documents

The policy holder or the covered person or their representative must submit the following documents at their own expense:

1. Completed claim form.
2. Medical certificate signed by the attending physician or doctor stating the symptoms, diagnosis and the treatment given.
3. Original receipt and invoice showing the itemized medical expenses.

The above documents must be submitted within 30 days of the discharge date or the outpatient treatment date. The receipt must be original and may be returned to the covered person on request. If the original receipt has been submitted to another third party for part payment of a claim the Company will accept a copy provided that the third party authenticates the receipt as being original and indicates the amount which has been paid to the covered person by the third party.

Failure to submit the documents within such time will not jeopardize the right to claim if sufficient reasons are given.

18. Payment of Benefits

The Company will pay the eligible benefits to the covered person or the policy holder within 15 days of receipt of the completed documents. In case of death, the benefit will be paid to the beneficiary.

If the claim requires further investigation the Company has the right to extend the payment date but not later than 90 days after the Company received the completed document.

If the medical expenses are in foreign currency, the Company will reimburse the expenses in Thai baht using the exchange rate as at the specified date on the receipt.

If the Company cannot pay within the agreed dates, the Company will pay 12% annual interest starting from the date the claims payment is due.

19. Cancellation of Insurance Policy

19.1 The policy holder or the Insured can terminate this policy by giving notice to the Company in writing. In this event, the Company will refund the premium as per the short-rated schedule.

Short-rata schedule

Period (not over/month)	% of annual premium
1	15
2	25
3	35
4	45
5	55
6	65
7	75
8	80
9	85
10	90
11	95
12	100

19.2 The Company may cancel this insurance policy by giving notice in writing and send by registered mail to the policy holder or the Insured at the last given address not less than 15 days in advance. In this event the company will refund the premium to the policy holder or the Insured on a pro-rata basis.

20. Arbitration

In case of argument, dispute or appeal under this policy between the person who is entitled for compensation versus the Company, and if so desired by that person to settle the disputed claim by use of arbitration, the Company must conform and allow the case to be judged by arbitration according to the Arbitrating Regulation governed by the Office of Insurance commission (OIC).

21. Pre-existing Conditions

The Company will not pay any benefits for pre-existing conditions i.e. any disease, illness or injury or symptoms (and complications thereof) for which the covered person was treated or knew about which is not completely cured before the commencement date of the first policy, except:

21.1 the covered person has declared such conditions on the application form and the Company has agreed to cover them without any endorsement to exclude such pre-existing condition, or

21.2 After 3 years from the first policy commencement date, the Company cannot refuse to pay any claims for pre-existing conditions if such disease, illness or injury or symptoms and complications thereof do not manifest itself, no treatment or diagnosis, no consultation by a physician during 5 years prior to the policy's first inception date.

22. Precedent Condition

The Company shall not be liable to compensate the covered person or other persons under this insurance policy unless the policy holder, the Insured, the beneficiary or the covered person's representatives have complied with the insurance contract and the conditions of this policy.

SECTION 3. GENERAL EXCLUSIONS

This insurance policy does not cover the cost of treatment or losses arising from injury or illness (complications thereof) symptoms or conditions arising from the following:

1. Pre-existing conditions, Congenital abnormalities, growth development abnormalities, and genetic disorders.
2. Any cosmetic surgery or beautification treatment including treatment of acne, freckles, dandruff, weight reduction and weight gain, hair loss. Reconstructive surgery is also excluded unless injury is sustained as a result of an accident.
3. Services in connection with infertility, pregnancy, childbirth, abortion or miscarriage, or any causes related to pregnancy, sterilization or investigation of sterilization
4. AIDS, related or sexually transmitted diseases (STD)
5. Treatment to relieve symptoms commonly associated with aging, menopause or precocious puberty, sexual dysfunction or sex change.
6. Health check ups, convalescent care including rest cures and rehabilitation. Any treatment, drugs or medical supplies which are not related to the diagnosis; and diagnosis which is not related to the injury or illness or not according to the medical necessity and normal standard.
7. Eye examination and eyesight corrective surgery including lasik and other expenses associated with eyesight correction.
8. Treatment or surgery relating to dental or gum e.g. denture, crowns and bridges, root treatment, filling, orthodontic, scaling, extraction, except the necessary dental treatment after an accident. However, the coverage does not include the costs for crowns and bridges, root treatment, orthodontic services.
9. Medical treatment related to alcoholism, cigarette, addictive drug, or other addicted substance.
10. Medical treatment related to the nervous disorders, mental disorder, anxiety, psychiatric problems, personality disorder, autism, stress, eating disorder.
11. Medical treatment which is in a trial stage or experiment, associated with disease or symptoms of sleep apnea, sleeping disorder, treatment to stop snoring.
12. Any inoculations or vaccinations, except rabies vaccine needed after an animal attack or tetanus shots needed after an accident or injury.
13. Treatment which is not considered a modern medicine, including alternative medicine.
14. Any medical treatment given by a medical practitioner who is the parent, spouse or child of the covered person. The covered person who is a registered medical practitioner may not be reimbursed for any self- administered treatment.
15. Suicide or suicide attempt, self inflicted injury or attempt of self-inflicted injury whether being his/her own action or allow others to perform while insane or not. This also includes the accident to the covered person due to consuming, drinking, or injection of toxic substance into the body or drug overdose
16. Any loss or injury arising from the action of the covered person whilst under the influence of alcohol, addictive drugs, narcotic drugs to the extent of being unable to control one's mind. The term "under the influence of alcohol" in case of having a blood test refers to a blood/alcohol level of 150% mg and over.
17. Injury while the covered person is taking part in a brawl or taking part in inciting a brawl.
18. Injury while the covered person is committing a felony or while the covered person is being arrested, under arrest or escaping the arrest
19. Injury while the covered person is taking part in dangerous sports or activities including racing of all kinds including car, boat and horse racing, racing of water and snow ski-ing, including jet-ski, skating, boxing, parachuting jumping (except for the purpose of life saving), boarding or traveling in a hot air balloon, gliding, bungee jumping, diving with oxygen tank and breathing equipment under water.

20. Injury while the covered person is boarding or traveling in an aircraft which has no license for carrying passengers or does not operate as a commercial aircraft.
21. Injury while the covered person is piloting or working on board as an employee of an airline.
22. Injury while the covered person serves as a soldier, police, or a volunteer and participates in war or crime suppression.
23. War (whether declared or not), invasion, acts of foreign enemies, civil war, revolution, insurrection, civil commotion, popular rising against the government, riot, strike.
24. Terrorism
25. Ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclesr fuel.
26. The radioactive toxic explosive or other hazardous property of any explosive nuclear assembly or nuclear component thereof.

SECTION 4. INSURING AGREEMENT

While this policy is in force and subject to the General Conditions, Insuring Agreements, Exclusions, and attached Endorsements of this insurance policy, if the covered person sustains injury from an accident or suffers from illness after the waiting period resulting him/her to require medical care, the Company will pay for the customary and reasonable medical charges according to the medical necessity. The amount to be compensated is the actual expenses paid up to the maximum limit of benefit as stated in the Schedule in accordance with the attached insuring agreement.

Insuring Agreement
Inpatient hospitalization

The Company will pay for the following benefits when the covered person is hospitalized as an inpatient at a hospital or a medical facility as follows:

1. Room and board including nursing care

1.1 Non-intensive care room The Company will pay the cost of room and board including nursing care and hospital daily charges not more than the amount paid by the covered person up to a maximum limit per day or the amount stated in the policy schedule, whichever is smaller, for a non-intensive care room. The maximum number of days is.....days per disability. (as stated in the policy schedule)

1.2 Intensive Care unit or room The Company will pay for the cost of room and board in an intensive care unit or room including nursing care and hospital daily charges not more than the amount paid by the covered person up to two times of the maximum limit allowed for room and board per day as stated in the policy schedule, subject to a maximum of.....days per disability. The total maximum number of days including the non-intensive care room is .....days per disability. (as stated in the policy schedule)

2. Hospital general expenses including

2.1 Costs of drugs and intravenous feeding

2.2 Costs of blood transfusion or blood components including cost of separation. Preparation and analysis of blood or blood components.

2.3 Costs of ambulance for medical emergency but not exceeding ....baht per disability (as stated in the policy schedule)

2.4 Costs of laboratory tests, pathology, radiological tests

2.5 Costs of medical equipment and supplies

1) medical equipment used out of a surgical room
2) non-reusable medical supplies
3) medical equipment or supplies that go inside the patient's body (except Defibrillator or Pacemaker)

2.6 Physical therapy/occupational therapy - such therapy must be in accordance with the medical necessity and is needed for treating the injury or illness.

2.7 Cost of operating room, operating equipments, observe room after surgery, fees charged by all hospital staff in the operating room.

2.8 Anesthesiologist and nurse anesthetist

2.9 Specialist's consultation fees when no surgery is performed, but not more than.....% of the maximum benefit per disability and not more than the amount actually paid or the maximum benefit stated in the schedule whichever is smaller.

2.10 Take home drugs prescribed by a physician on discharge but not more than .....days supply from discharge date, or a maximum of THB ... Baht (as stated in the policy schedule)

2.11 Cost of outpatient emergency treatment due to injury within 24 hours of the injury or accident occurring including 15 days follow up. The Company will pay this benefit according to the amount actually paid but not exceeding the maximum amount per disability or the maximum benefit stated in the schedule whichever is smaller.

2.12 Expenses relating to the following injury or illness (not required to be hospitalized as an in-patient)

1) ESWL : Extracorporeal Shock Wave Liththotripsy)
2) Coronary Angiogram/Cardiac Catheterization)
3) Extra Capsular Cataract Extraction with Intra Ocular Lens)
4) Laparoscopic of all kind
5) Endoscope of all kind
6) Sinus Operations
7) Injection or Rubber Band Ligation)
8) Excision Breast Mass
9) Bone Biopsy
10) Tissue Biopsy of any organ.
11) Amputation of fingers or toes
12) Manual Reduction
13) Liver Puncture/Liver Aspiration
14) Bone Marrow Aspiration
15) Lumbar Puncture
16) Thoracentesis/Pleuracentesis/Thoracic Aspiration/Thoracic Paracentesis)
17) Abdominal Paracentesis/Abdominal Tapping)
18) Curettage, Dilatation & Curettage, Fractional Curettage)
19) Calposcope, Loop diathermy
20) Bartholin's Cyst (Marsupiaization of Bartholin's Cyst) treatement.
21) Gamma knife surgery treatment.

Nevertheless, if there is a surgery, the surgeon's fee will be based on the surgical benefit table attached.

Limitation:

The Company limits the maximum of medical expenses provided for bone marrow transplant, organ transplant, and kidney dialysis to be a maximum of THB.....per each disability. (as stated in the policy schedule)

Exclusions

The Company will not pay for the following expenses:

1. **Drugs, treatment, or diagnosis which is not related to the symptoms, injury or sickness as stated in the physician's report.**
2. **Defibrillator or pacemaker**
3. **Artificial aids, durable medical device i.e., hearing aids, eyeglasses, contact lens, breathing aid device, oxygen generated device, vital signs monitoring device (pulse, blood pressure, temperature), supporting device i.e. crutches, wheelchair, artificial organ i.e. prostheses, lens.**
4. **Special nursing care**

Insuring Agreement
Surgical Care

The Company will pay for the following surgery benefits when the covered person requires a surgical procedure as follows

1. Surgeon's operation fee

The Company will pay the fee charged by a surgeon or physician for a surgical operation or invasive procedure resulting from injury or sickness as follows:

1.1 for any one operation, not more than the surgical fee actually incurred or the applicable amount specified for that operation in the schedule of surgical benefits, whichever is smaller.

1.2 for one surgery benefit, reflecting the one which provides the highest benefit when more than one operation is performed through the same incision.

1.3 for all operations performed during one disability, the Company shall not pay more than the maximum benefit stated in the policy schedule.

2. Surgical consultation

For a consultation with a specialist in connection with an operation, the Company agrees to pay benefits to the covered person as follows:

2.1 not more than the actual fee incurred or ..... Percent of the maximum stated in the surgical schedule whichever is smaller. (as stated in the policy schedule)

2.2 the consultation fee shall be included in the surgical fee and the company shall not pay more than the applicable amount specified in the schedule whichever is the smaller.

Limitation:

The Company limits the maximum of medical expenses provided for bone marrow transplant, organ transplant, and kidney dialysis to be a maximum of THB.....per each disability. (as stated in the policy schedule)

Exclusions

The Company will not pay for the following expenses:

1. Drugs, treatment, or diagnosis which is not related to the symptoms, injury or sickness as stated in the physician's report.

2. Special nursing care

SURGICAL SCHEDULE

Description of Surgical Operation	Percentage of Maximum Benefits
ABDOMEN	
Appendectomy	50.00%
Resection of bowel	75.00%
Resection of stomach	75.00%
Gastro-enterostomy	62.50%
Removal of gall-bladder	75.00%
Cutting into abdominal cavity for diagnosis, treatment or removal of one or more organs therein except as otherwise herein provided	50.00%
Two or more surgical procedures performed through the same abdominal incision will be considered as one operation.	
ABSCESS	
Incision of superficial abscess, boil or furuncle, one or more	5.00%
Treatment of carbuncle or abscess requiring hospitalization, one or more	12.50%
AMPUTATION OF	
Fingers or toes, each	7.50%
Hand, forearm or foot at ankle	25.00%
Leg, arm or thigh	37.50%
Thigh at hip	75.00%
BREAST	
Amputation of one or both, radical with resection into axilla	75.00%
Amputation of one or both, simple	37.50%
CHEST	
Complete thoracoplasty	100.00%
Removal of lung or portion of lung	75.00%
Cutting into thoracic cavity for diagnosis, or treatment of organs therein, tapping excepted	25.00%
Removal of pus, tapping excepted	12.50%
Artificial Pneumothorax	12.50%
Refills-each but not more than six	2.50%
Bronchoscopy Diagnostic	12.50%
Operative, excluding biopsy	25.00%
Heart	
Heart surgery, heart vessel surgery, valvular heart surgery	100.00%
EAR	
Cutting ear drum	5.00%
Tympanotomy with tube drainage	20.00%
Mastoidectomy radical one side	50.00%
Mastoidectomy radical both sides	62.50%
Fenestration one or both sides or inner ear surgery	100.00%
ESOPHAGUS O	
peration for stricture	37.50%
Use of gastroscope	12.50%
EYE	
Removal of foreign body, from Cornea	2.50%
Detached retina multiple fusions	100.00%
Cataract and laser surgery for retinal treatment	50.00%
Glaucoma	31.25%
Removal of eyeball	31.25%
Removal of pterygium	15.00%
Lacrimal duct irrigation	12.50%

Description of Surgical Operation	Percentage of Maximum Benefits
Lacrimal duct irrigation with tube drainage	15.00%
Lacrimal duct reconstructive surgery	31.25%
Incision of style or chalazion	5.00%
FRACTURES	
Treatment of Simple Collar bone, shoulder blade, or forearm, one bone	15.00%
Coccyx, tarsals, metatarsals or os calcis	10.00%
Thigh	37.50%
Upper arm or leg, one bone	25.00%
Fingers or toes, each or rib	5.00%
Forearm two bones, knee cap, or pelvis, not requiring traction	20.00%
Leg, two bones	30.00%
Jaw, lower and facial bone	17.50%
Carpals, metacarpals, nose, ribs two or more or sternum	7.50%
Pelvis, requiring traction	31.25%
Vertebrae, transverse processes, each	6.25%
Vertebrae, compression fracture, one or more	37.50%
Wrist bone	11.25%
Compound Open	
For a compound fracture increase the above benefits 50% for a fracture requiring an open operation including bone grafting or bone splicing, increase the above benefit 100% except that the maximum benefit shall not exceed	100.00%
GENITO-URINARY TRACT	
Removal of kidney	75.00%
Fixation of kidney	75.00%
Removal of tumors or stones in kidney, ureter, or bladder by cutting operation	62.50%
By cauterization of endoscopic means or endoscopic removal	20.00%
Stricture of urethra open operation	30.00%
Intra-urethral cutting operation	15.00%
Prostate entire removal by open operation-complete procedure	75.00%
Partial prostate removal by endoscopic means	25.00%
By other prostate cutting operation	50.00%
Orchidectomy or epididymectomy	25.00%
Hydrocele or varicocele	12.50%
Circumcision	12.50%
Hysterectomy, radical for cancer	75.00%
Abdominal operation for extra-uterine pregnancy	50.00%
Hysterectomy with complete removal of tubes and ovaries, with or without appendectomy	62.50%
Curettage or cauterization of cervix in nonmenstruation period	10.00%
Dilations and curettage, in nonmenstruation period	12.50%
Repair of perineal or vaginal laceration, not immediately post partum, including cystocele and rectocele	37.50%
Removal of fibroid tumors without abdominal approach and vaginal hysterectomy	20.00%
GOITRE	
Removal of Thyroid, including all stages of operative procedure	75.00%
Partial thyroidectomy	37.50%
HERNIA Injection treatment, complete course - Single hernia	18.75%
- Double hernia	25.00%
Radical operation, including injection treatment for cure of - Single hernia	37.50%
- Double hernia	50.00%

Description of Surgical Operation	Percentage of Maximum Benefits
JOINTS AND DISLOCATIONS	
Incision into Joint for disease and disorder, except as herein otherwise provided and except tapping	12.50%
Incision into shoulder, elbow, hip knee joint, tapping excepted	37.50%
Excision, fixation by cutting operation, disarticulation or arthroplasty on Shoulder, hip or spine	75.00%
Knee, elbow, wrist, or ankle	37.50%
Dislocation of Fingers or toes, each	5.00%
Shoulder, or elbow, wrist or ankle	15.00%
Lower jaw	6.25%
Hip or knee (cap excepted)	20.00%
Knee cap	5.00%
For a dislocation requiring an open operation the maximum benefit for such dislocation shall be twice the applicable amount listed above.	
NOSE	
Antrum puncture	2.50%
Intranasal sinus operation	17.50%
Extranasal sinus operation	37.50%
Polypus, removal one or more	5.00%
Submucous resection	25.00%
Turbinectomy	7.50%
PARACENTESIS	
Tapping of Abdomen	12.50%
Chest or bladder, catheterization excepted	7.50%
Ear drum, hydrocele, joints or spine	5.00%
RECTUM	
Radical resection for malignancy, all stages, including colostomy	100.00%
Hemorrhoids, external only, excision complete procedure	7.50%
Hemorrhoids, internal or internal and external including prolapsed rectum, total for excision or complete injection treatment	20.00%
Fistula in ano	17.50%
Fissure in ano	5.00%
Other cutting operations on rectum	17.50%
SKULL	
Cutting into cranial cavity, skull opening and tapping excepted	100.00%
Removal of bone trephining or decompression	31.25%
THROAT	
Tonsillectomy or tonsillectomy and adenoidectomy	25.00%
Use or Laryngoscope for diagnosis	5.00%
TUMORS	
Surgical removal of Malignant tumors except those of the mucous membrane, skin and subcutancous tissue	50.00%
Malignant tumors of the mucous membrane, skin and subcutaneous tissue	25.00%
Polonidal sinus or cyst, cutting operation	25.00%
Benign tumors of the testicle or breast	20.00%
Ganglion	3.75%
Warts or moles	2.50%
Benign tumors, one or more, except as otherwise herein provided, requiring hospital admission	12.50%
Not requiring hospital admission	5.00%
In the case of X-Ray or radium treatment for any of the above listed tumors, the maximum benefit payable for the entire course of treatment including surgical removal shall be that provided for its surgical removal.	

Description of Surgical Operation	Percentage of Maximum Benefits
VEINS	
Varicose-Complete procedure on all veins Cutting operation or injection treatment, one leg	20.00%
Cutting operation or injection treatment, two legs	30.00%

If the surgical operation performed is not listed in the Schedule of Operations, the Company will determine the maximum surgical benefit for such operation. A surgical operation of equivalent gravity and severity listed in the above Schedule shall be used as a basis for the Company's settlement.

Insuring Agreement
Physician care

The Company agrees to pay for care given by a physician visiting the covered person occupying a bed in hospital (in-patient) in connection with the treatment of injury or sickness.

The amount of benefit paid with respect to each disability shall not be more than the actual amount of charges incurred or the applicable amount specified in the schedule whichever is the smaller. The number of visits shall not exceed the number of days the Insured is hospitalized.

Limitation:

The Company limits the maximum of medical expenses provided for bone marrow transplant, organ transplant, and kidney dialysis to be a maximum of THB.....per each disability. (as stated in the policy schedule)

Exclusions

The Company will not pay for the following:

1. **Drugs, treatment, or diagnosis which is not related to the symptoms, injury or sickness as stated in the physician's report.**
2. **Special nursing care**