

AIA H&S Extra (new standard)



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Good health and the most truly desired state of being for everyone. However, illnesses are still possible risks that may happen to yourself and the ones you love. Apart from the illnesses cause unhealthy being and, in some cases, deadly risks, there are also a huge number of financial risks upon you. Health insurance thus reduces your financial burdens when you must overcome illnesses and try to get recovered as soon as possible.



Now, AIA would like to offer AIA H&S Extra (new standard) rider, your assistant from AIA to ease your concerns of the unexpected happenings to you.



ISSUE AGE

From 1 month to 75 years old, renewable up to the age of 84 years.

Coverage till 85 years.



IN-PATIENT AND OUT-PATIENT BENEFITS¹

In case of receiving medical treatments in the hospital.



OPD GENERAL BENEFIT²

As charged. Maximum not over the benefits per policy year.



SPECIAL CASH BACK BENEFIT³





INSURANCE PREMIUM IS INCOME TAX
DEDILICTIBLE ACCORDING TO THE LAWS

- ¹ Additional details are available in the benefits table (Group 1-13).
- ² As a result of each injury or illness, the company will pay benefits according to the actual amount but limit to maximum benefit per policy year as stated in the endorsement for OPD general benefit.
- In case of no claims from the in-patient benefits or out-patient benefits or OPD general benefit or death benefit during the policy year (without discontinuation of renewal or cancellation during policy year), as well as paying the premium within the grace period. As for the case of monthly payment, the payments must be up to 3 consecutive months.
- ⁴ In case of death, it must be during the coverage of AIA H&S Extra (new standard) rider.
- ⁵ The portion of health insurance premiums (if any) that meet the certain conditions are eligible for personal income tax deduction in accordance with the criteria stipulated by the Revenue Department.
- The applicant is advised to study and make thorough understanding about the benefit illustrations before making decision to purchase the insurance. After receiving the policy, please study the details and the terms and conditions as specified in the policy contract.
- The applicant has the duty to provide true information in applying for insurance. Any concealment of truth or declaration of
 false statements may cause the insurance company to cancel the insurance contract or refuse to pay the claims under
 the insurance contract.
- Terms and conditions of coverage will be specified in the policy issued to the policyholder.





Khun Somwang: 40 years (married)

Occupation: Architect

Responsibilities: Family head with 1 son who is 5 years old.

As Khun Somwang is the family head who is supporting the whole family. He is worried that if something happens to him, his family might be affected too. At the same time, he is also afraid that if his son becomes ill and frequently hospitalized his savings may not be able to support the costs. Therefore, he starts looking for additional health and safety support plan for himself and his son so that the unexpected illness risks are mitigated.

The AIA agent recommended AIA H&S Extra (new standard) rider plan 2500 for Khun Somwang and his son. To give a peace of mind for Khun Somwang and his son on the case of "illness" or "injury", the health insurance will support his financial burdens, occurring in the future, without affecting his current savings.

Scenario 1:

- Khun Somwang applied the health insurance for his 5-year-old son with AIA H&S Extra (new standard) rider plan 2500 with an annual premium payment of 34,450 baht (the rider effective since 1 November 2021).
- On 10 May 2022, his son is hospitalized with epilepsy for a period of 2 days (hospitalized 1 day in a standard room and 1 day in ICU). The medical fees are 43.300 baht. Unit: baht

With AIA H&S Extra (new standard) Initial Plan 2500 Billing Item for a period of 3 days **Benefits Benefit Payout** Group 1 Hospital daily room & board, food and hospital service charges (in-patient). 2.800 2.500 Standard room for 1 day 2,500 per day Paid double of ICU for 1 day 4.000 4.000 2.500 per day **Group 2** 2.1 Medical service fees for diagnosis 9.000 20.000 20.000 2.2 Treatment medical services and nursing fees 4.000 per confinement (Total amount of payout in group 2 2.3 Medicine, intravenous nutrition and medical 18.000 not exceeding supplies 20.000) 1,000 per admission 2.4 Medicine and medical supplies 2.000 (Included in the benefit (Medical Supply 1) for take-home group 2.1-2.3) Group 3 Fees for medical professional services (physician), 3.500 800 per day 1.600 examination, physical services $(1,750 \times 2)$ **TOTAL** 43,300 28,100

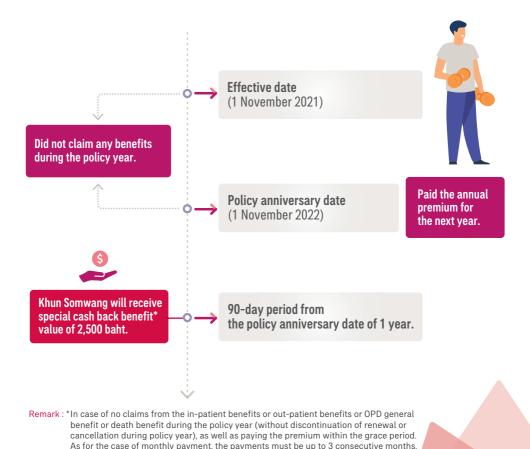
[•] The applicant is advised to study and make thorough understanding about the benefit illustrations before making decision to purchase the insurance. After receiving the policy, please study the details and the terms and conditions as specified in the policy contract.

[•] The applicant has the duty to provide true information in applying for insurance. Any concealment of truth or declaration of false statements may cause the insurance company to cancel the insurance contract or refuse to pay the claims under the insurance contract.

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Scenario 2:

- Khun Somwang started AIA H&S Extra (new standard) rider plan 2500, with an annual premium payment of 10,780 baht (the rider effective since 1 November 2021).
- Khun Somwang did not claim any benefits during 1st policy year and already paid the annual premium for the next year.
- After 90-day period from the anniversary date of the insurance (1 November 2022), Khun Somwang will receive special cash back benefit* with the value of 2,500 baht.



- The applicant is advised to study and make thorough understanding about the benefit illustrations before making decision to purchase the insurance. After receiving the policy,
- please study the details and the terms and conditions as specified in the policy contract.

 The applicant has the duty to provide true information in applying for insurance. Any concealment of truth or declaration of false statements may cause the insurance company to cancel the insurance contract or refuse to pay the claims under the insurance contract.
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BRIEF BENEFITS TABLE		PLAN (BAHT)						
		1500	2000	2500	3500	4500	5500	6500
1. In-patient benefits								
Group 1	Hospital daily room & board, food and hospital service charges (in-patient) per confinement In the event of ICU, such benefit will be paid for hospital daily room & board, food and hospital services charges (in-patient) at double of the benefits in paragraph 1 up to 30 days (combined not exceeding 125 days)	1,500 per day	2,000 per day	2,500 per day	3,500 per day	4,500 per day	5,500 per day	6,500 per day
Group 2	Fees for medical services, diagnosis, treatment, blood services, nurse services, medicine, intravenous nutrition and medical supplies, per confinement							
2.1	Medical service fees for diagnosis	14,000	18,000	20,000	25,000	30,000	35,000	40,000
2.2	Treatment medical services, blood services and nursing services							
2.3	Medicine, intravenous nutrition and medical supplies							
2.4	Medicine and medical supplies (Medical Supply 1) for take-home	1,000 per admission (Included in the benefit group 2.1-2.3)						
Group 3	Fees for medical professional services (physician), examination, physical services per confinement (not exceeding 125 days)	600 per day	700 per day	800 per day	900 per day	1,000 per day	1,100 per day	1,200 per day
Group 4	Fees for surgery and procedures per confinement							
4.1	Operating or medical procedure room	8,000	10,000	12,000	13,000	14,000	15,000	16,000
4.2	Medicine, intravenous nutrition and medical supplies and surgical devices							
4.3	Medical professional services, physician (and assistant) fees for surgery & procedure	50,000	60,000	80,000	90,000	100,000	110,000	120,000
4.4	Physician fees - Anesthesiology	5,000	6,000	8,000	9,000	10,000	11,000	12,000
4.5	Medical expenses for organ transplantation	Double of benefits group 4						
Group 5	Day surgery ¹	Cover and receive same benefit as in-patient						

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BRIEF BENEFITS TABLE		PLAN (BAHT)							
		1500	2000	2500	3500	4500	5500	6500	
2. Out	2. Out-patient benefits								
Group 6	Fees for diagnosis directly related to OPD treatment directly related to aft	b before and after in-patient treatment, or follow up ter discharge per confinement							
6.1	Fees for diagnosis directly related to in-patient treatment within 30 days before and after admission	5,000	5,500	6,000	6,500	7,000	7,500	8,000	
6.2	Fees for OPD treatment after discharge (per admission) for follow up treatment within 30 days after the admission (excluding fees for diagnosis)	Not cover							
Group 7	Fees for OPD treatment of injury within 24 hours of each accident	3,000	4,000	5,000	7,000	8,000	9,000	10,000	
Group 8	Rehabilitation fees after admission per policy year	Not cover							
Group 9	Medical services fees for chronic kidney failure treatment by hemodialysis per policy year	20,000	25,000	35,000	40,000	50,000	60,000	70,000	
Group 10	Medical services fees for tumour or cancer treatment by radiation therapy, interventional radiology, nuclear medicine, per policy year								
Group 11	Medical services fees for cancer treatment by chemotherapy per policy year								
Group 12	Emergency ambulance fees (per admission)	4,000	4,500	5,000	5,500	6,000	6,500	7,000	
Group 13	Minor surgery ² (per admission)	5,000	6,000	8,000	9,000	10,000	11,000	12,000	
Additi	Additional benefits								
3. OPD	3. OPD general benefit ³		4,000	5,000	6,000	7,000	8,000	9,000	
4. Spe	4. Special cash back benefit ⁴		2,000	2,500	3,000	3,500	4,000	4,500	
5. Dea	5. Death benefit ⁵		10,000						

¹ Day surgery refers to a major surgery, or a surgical procedure performed instead of a major surgery, or the use of specialized treatment equipment that can replace a major surgery, that does not require an overnight hospital stay.

² Minor surgery refers to a surgical procedure at the level of cutaneous or subcutaneous or epithelial tissue by applying local/topical anaesthesia.

³ As a result of each injury or illness, the company will pay benefits according to the actual amount but limit to maximum benefit per policy year as stated in the endorsement for OPD general benefit.

⁴ In case of no claims from the in-patient benefits or out-patient benefits or OPD general benefit or death benefit during the policy year (without discontinuation of renewal or cancellation during policy year), as well as paying the premium within the grace period. As for the case of monthly payment, the payments must be up to 3 consecutive months.

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Summary of Insurance Coverage

AIA H&S Extra (new standard) rider	AIA H&S Extra (new standard) rider				
Issue age	1 month - 75 years old (renewable until 84 years old)				
Covered period	Up to 85 years old or until the basic plan has expired				
Underwriting rules	Depending on the underwriting criteria of the company				
Medical examination	Depending on the underwriting criteria of the company				
Tax deduction entitlement	The portion of health insurance premiums (if any) that meet the certain conditions are eligible for personal income tax deduction in accordance with the criteria stipulated by the Revenue Department				
AIA Vitality benefits	AIA H&S Extra (new standard) is an integrated product under AIA Vitality Protection Program. It is eligible for premium discount as specified under AIA Vitality terms and conditions.				

Waiting Period of AIA H&S Extra (new standard) rider

The Company shall not pay any benefits based on the following cases:

- 1. Any illnesses occurring within 30 days from the effective date of this rider or the date on which the Company approves the additional benefits of this rider, whichever date is later; or
- 2. Any of the following illnesses occurring within 120 days from the effective date of this rider or the date on which the Company approves the additional benefits of this rider, whichever date is later:
 - All types of hernia
- Tonsillectomy or adenoidectomy
- Pterygium or cataract
- Endometriosis

Partial Exclusions of AIA H&S Extra (new standard) rider

- 1. Conditions that are caused by congenital abnormalities, or congenital organ system defects, or genetic disorder, or growth development abnormalities.
- 2. Esthetic enhancement treatment or cosmetic surgery or any other treatments for skin beauty purposes.
- 3. Pregnancy, miscarriage, abortion, child delivery, obstetric complications, addressing problems with infertility (including investigations and treatments), sterilization, and contraception.
- The English version is unofficial translation of the original Thai version for reference only and has no legal binding as the protective control.
- It is the duty of the insurance applicant to make the insurance premium payment. Collection of insurance premiums by the insurance agent is only a facilitation service.
- Life insurance is not a cash deposit and is subject to the restrictions on policy surrender. Surrendering the policy before maturity may result in the insured receiving the returned proceeds less than the amount of premiums that have been paid.

About AIA Thailand

AIA Thailand, life insurance company is established on 1 October 1938. A Company is a member of AIA Group. AIA Thailand presents several life insurance products to customers, such as life protection plan, saving for retirement plan, accident and health insurance plan and Unit Linked. Besides, the company provides a service for Corporate Solutions, Credit Life and provident fund management under corporate services.



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