

Beyond Care

Light on premium, full on coverage



Highlights



Worldwide coverage excluding USA



Cover up to THB 30 million

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Worry-Free with full cover for your medical expenses*



Emergency medical assistance of up to USD 1,000,000



Deductible options to reduce your premiums

Special privileges



Extensive cashless medical network of over 490 hospitals and clinics nationwide**



No requirement to buy additional life insurance plan



Lifetime renewal guarantee***



Obtain unlimited health and well-being advice from qualified doctors via telemedicine service****

*Subject to the insurance policy's terms and conditions.

**You may be asked to disburse in case of investigating your pre-existing conditions by Allianz Ayudhya.

***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 80 years old.

****Available only for telemedicine providers within the company's network. To use the service, please contact 0 2677 0999.

Examples of Exclusions

- Chronic diseases, injury or sickness (including complications), conditions or abnormalities that have occurred before entering into the insurance contract.
- Medical expenses incurred for
 - Sickness that occurs within first 30 days from the effective date of the insurance policy.
 - Sickness or disease that occurs within 120 days of policy in the case of Tumor Cyst or Cancer, Hemorrhoids, Hernias, Pterygium or Cataract, Tonsillectomy or Adenoidectomy, Stones, Varicose veins, and Endometriosis.

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. After receiving the insurance policy, the insured is advised to study the terms and conditions of the policy contract.
- It is the responsibility of the Insured to make premium payments. Insurance agencies and brokers only facili tate the service.
- Beyond Care is the marketing name of Special 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

Table of benefits

	Description	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6			
Maximum be	nefit for an injury or sickness per confinement*	1,000,000	2,000,000	3,000,000	5,000,000	10,000,000	30,000,000			
1.Benefits fo	or Inpatient Care									
	Room and board including service charges (inpatient)									
Section 1	Non-intensive care room, maximum payable per day	8,000	10,000	11,000	12,000	15,000	20,000			
	Intensive Care Unit (ICU), maximum payable per day (with a maximum limit of 15 days)	16,000	20,000	22,000	24,000	30,000	40,000			
Section 2	Hospital medical expenses for diagnostic and therapeutic pro and medical supplies	ocedures, blood and blood components, nursing service, medicines, and parenteral nutrition,								
2.1	Hospital medical expenses for diagnostic procedures									
2.2	Hospital medical expenses for therapeutic procedures, blood and blood components, and nursing service									
2.3	Medicines and parenteral nutrition, and medical supplies			Paid ir	n full**					
2.4	Home medications and medical supplies 1									
Section 3	Medical practitioners' fees									
Section 4	Fees for surgery and medical procedures									
4.1	Operating theater and procedure room									
4.2	Medicines, parenteral nutrition, medical supplies, surgery and procedure equipment			Paid ir	n full**					
4.3	Surgeons' fees including fees for surgical assistants									
4.4	Anesthesiologists' fees									
4.5	Organ transplantation	500,000		1,000,000		2,000,000	3,000,000			
Section 5	Day Surgery			Paid in	full**					
2.Benefits fo	or Non-Inpatient Care									
Section 6	Hospital medical expenses for diagnostic procedures before c after hospitalization	or after hospitali	zation relating to	the condition d	iagnosed, or out	tpatient treatme	nt			
	Hospital medical expenses for diagnostic procedures									
6.1	relating to the condition diagnosed within 30 days before and after hospitalization			Paidi	- full**					
6.1	relating to the condition diagnosed within 30 days			Paid ii	n full**					
	relating to the condition diagnosed within 30 days before and after hospitalization The expenses for OPD visit post hospitalization within 30 days (excluding hospital medical expenses for	10,000	15,000	Paid in 18,000	n full** 20,000	30,000	50,000			
6.2	relating to the condition diagnosed within 30 days before and after hospitalization The expenses for OPD visit post hospitalization within 30 days (excluding hospital medical expenses for diagnostic procedures) Medical expenses for an injury (OPD)	10,000	15,000	18,000		30,000	50,000			
6.2 Section 7	relating to the condition diagnosed within 30 days before and after hospitalization The expenses for OPD visit post hospitalization within 30 days (excluding hospital medical expenses for diagnostic procedures) Medical expenses for an injury (OPD) within 24 hours of accident	10,000	15,000	18,000	20,000	30,000	50,000			
6.2 Section 7 Section 8	relating to the condition diagnosed within 30 days before and after hospitalization The expenses for OPD visit post hospitalization within 30 days (excluding hospital medical expenses for diagnostic procedures) Medical expenses for an injury (OPD) within 24 hours of accident Rehabilitation post hospitalization Hospital medical expenses for treatment of chronic	25,000	2,000,000	18,000 Paid it 50,000	20,000		150,000			
6.2 Section 7 Section 8 Section 9	relating to the condition diagnosed within 30 days before and after hospitalization The expenses for OPD visit post hospitalization within 30 days (excluding hospital medical expenses for diagnostic procedures) Medical expenses for an injury (OPD) within 24 hours of accident Rehabilitation post hospitalization Hospital medical expenses for treatment of chronic kidney disease by hemodialysis per policy year Medical expenses for treatment of tumor or cancer by radiation therapy, interventional radiology,			18,000 Paid it	20,000 n full**	100,000	150,000			
6.2 Section 7 Section 8 Section 9 Section 10	relating to the condition diagnosed within 30 days before and after hospitalization The expenses for OPD visit post hospitalization within 30 days (excluding hospital medical expenses for diagnostic procedures) Medical expenses for an injury (OPD) within 24 hours of accident Rehabilitation post hospitalization Hospital medical expenses for treatment of chronic kidney disease by hemodialysis per policy year Medical expenses for treatment of tumor or cancer by radiation therapy, interventional radiology, nuclear medicine therapy per policy year Medical expenses for treatment of cancer by	25,000		18,000 Paid in 50,000 3,000,000	20,000 n full**	100,000	150,000			
6.2 Section 7 Section 8 Section 9 Section 10 Section 11	relating to the condition diagnosed within 30 days before and after hospitalization The expenses for OPD visit post hospitalization within 30 days (excluding hospital medical expenses for diagnostic procedures) Medical expenses for an injury (OPD) within 24 hours of accident Rehabilitation post hospitalization Hospital medical expenses for treatment of chronic kidney disease by hemodialysis per policy year Medical expenses for treatment of tumor or cancer by radiation therapy, interventional radiology, nuclear medicine therapy per policy year Medical expenses for treatment of cancer by chemotherapy per policy year	25,000		18,000 Paid in 50,000 3,000,000	20,000 n full** 5,000,000	100,000	150,000			
6.2 Section 7 Section 8 Section 9 Section 10 Section 11 Section 12	relating to the condition diagnosed within 30 days before and after hospitalization The expenses for OPD visit post hospitalization within 30 days (excluding hospital medical expenses for diagnostic procedures) Medical expenses for an injury (OPD) within 24 hours of accident Rehabilitation post hospitalization Hospital medical expenses for treatment of chronic kidney disease by hemodialysis per policy year Medical expenses for treatment of tumor or cancer by radiation therapy, interventional radiology, nuclear medicine therapy per policy year Medical expenses for treatment of cancer by chemotherapy per policy year Emergency ambulance services, maximum payable per trip Minor surgical expenses	25,000		18,000 Paid it 50,000 3,000,000 2,0	20,000 n full** 5,000,000	100,000	150,000			
6.2 Section 7 Section 8 Section 9 Section 10 Section 11 Section 12 Section 13	relating to the condition diagnosed within 30 days before and after hospitalization The expenses for OPD visit post hospitalization within 30 days (excluding hospital medical expenses for diagnostic procedures) Medical expenses for an injury (OPD) within 24 hours of accident Rehabilitation post hospitalization Hospital medical expenses for treatment of chronic kidney disease by hemodialysis per policy year Medical expenses for treatment of tumor or cancer by radiation therapy, interventional radiology, nuclear medicine therapy per policy year Medical expenses for treatment of cancer by chemotherapy per policy year Emergency ambulance services, maximum payable per trip Minor surgical expenses	25,000		18,000 Paid it 50,000 3,000,000 2,0	20,000 n full** 5,000,000	100,000	150,000			
6.2 Section 7 Section 8 Section 9 Section 10 Section 11 Section 12 Section 13 3.Additiona	relating to the condition diagnosed within 30 days before and after hospitalization The expenses for OPD visit post hospitalization within 30 days (excluding hospital medical expenses for diagnostic procedures) Medical expenses for an injury (OPD) within 24 hours of accident Rehabilitation post hospitalization Hospital medical expenses for treatment of chronic kidney disease by hemodialysis per policy year Medical expenses for treatment of tumor or cancer by radiation therapy, interventional radiology, nuclear medicine therapy per policy year Medical expenses for treatment of cancer by chemotherapy per policy year Emergency ambulance services, maximum payable per trip Minor surgical expenses	25,000	2,000,000	18,000 Paid in 50,000 3,000,000 2,0 Paid in 800	20,000 n full** 5,000,000 5,000,000	100,000	150,000			
6.2 Section 7 Section 8 Section 9 Section 10 Section 11 Section 13 Section 13 3.Additional	relating to the condition diagnosed within 30 days before and after hospitalization The expenses for OPD visit post hospitalization within 30 days (excluding hospital medical expenses for diagnostic procedures) Medical expenses for an injury (OPD) within 24 hours of accident Rehabilitation post hospitalization Hospital medical expenses for treatment of chronic kidney disease by hemodialysis per policy year Medical expenses for treatment of tumor or cancer by radiation therapy, interventional radiology, nuclear medicine therapy per policy year Medical expenses for treatment of cancer by chemotherapy per policy year Emergency ambulance services, maximum payable per trip Minor surgical expenses Benefits Annual health check-up*** one visit per year	25,000	2,000,000	18,000 Paid in 50,000 3,000,000 2,0 Paid in 800	20,000 n full** 5,000,000 5,000,000	100,000 10,000,000 5,000	150,000 30,000,000 10,000			
6.2 Section 7 Section 8 Section 9 Section 10 Section 11 Section 13 Section 13 3.Additiona 1 2	relating to the condition diagnosed within 30 days before and after hospitalization The expenses for OPD visit post hospitalization within 30 days (excluding hospital medical expenses for diagnostic procedures) Medical expenses for an injury (OPD) within 24 hours of accident Rehabilitation post hospitalization Hospital medical expenses for treatment of chronic kidney disease by hemodialysis per policy year Medical expenses for treatment of tumor or cancer by radiation therapy, interventional radiology, nuclear medicine therapy per policy year Medical expenses for treatment of cancer by chemotherapy per policy year Emergency ambulance services, maximum payable per trip Minor surgical expenses Benefits Annual health check-up*** one visit per year Specialist's consultation fees Fees for special nursing care, maximum payable per day	25,000	2,000,000	18,000 Paid in 50,000 3,000,000 2,0 Paid in 800 000	20,000 n full** 5,000,000 n full** 1,500	100,000 10,000,000 5,000	150,000			

Table of benefits

Optional Benefits							
Benefits for Outpatient Care							
The Insuring Agreement for Outpatient Medical Treatment, per visit (maximum benefit 1 visit per day, 30 visits per year)		1,500					
Outpatient benefits, maximum payable per year							
• OPD 28 Plan		28,000					
· OPD 40 Plan		40,0	000				
· OPD 60 Plan		60,0	000				
Maternity Benefits	Plan 1	Plan 2	Plan 3	Plan 4			
Maternity Benefits***** (Applicant is able to purchase any of the 4 maternity	plans)						
$\cdot\text{Normal}$ 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	180,000	240,000			
· Miscarriage	20,000	30,000	45,000	60,000			
Personal Accident							
Personal Accident (Or.Bor.2)							
· PA 200 plan		200,000					
· PA 400 plan	400,000						
· PA 900 plan (for occupation class 1 and 2 only)	900,000						
Deductible options*****							
Standard deductible		Nil					
	30,000						
Deductible options per confinement	50,000						
	100,000						
		200,	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.

** Full cover, not over maximum coverage Per Confinement.

*** For annual health check-up and maternity benefits, policyholders must make an advance payment for medical services.

**** Applicable to the Insuring Agreement for Personal Accident, Death, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech or Permanent Disability Benefits (Or.Bor.2). 50% coverage in case of motorcycle accident.

***** Deductible is applicable to an inclusion of inpatient coverage (all 13 Sections), special nurse care at home and specialist's consultation fees. It excludes maternity, annual health check-up, outpatient, and personal accident (Or.Bor.2) coverage.

****** Deductible is applicable to an inclusion of inpatient coverage (all 13 Sections), special nurse care at home and specialist's consultation fees. It excludes maternity, annual health check-up, outpatient, and personal accident (Or.Bor.2) coverage.

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 80 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 Allianz Ayudhya Health Insurance, the maximum payable for medical treatment of any illness will be THB30 million. The maximum payable for personal accident insurance will be THB 1 million across all Allianz Ayudhya policies.

• Term Health Insurance: Yearly Basis

• Acceptance is subject to underwriting assessment.

Name and surname of applicant	
Date/Month/YearTime	
Payment channel	
Mode of payment	

For more details of our health insurance plans, please contact

Name_____Surname_____

License no.

Tel.____Email

Allianz Ayudhya General Insurance Pcl.



Allianz Ayudhya General Insurance Pcl. 898 Ploenchit Tower, Ploenchit Road, Khwang Lumpini, Khet Pathumwan, Bangkok 10330