

TABLE OF BENEFITS

	PLAN 1	PLAN 2	PLAN 3
ANNUAL LIMIT PER PERSON	THB 10,000,000	THB 30,000,000	THB 50,000,000



HOSPITALIZATION BENEFITS

Section 1	Room and board fees including hospital service charges (Inpatient)	THB 12,000 per Day Standard Room Paid in Full within PRIME Network*	THB 15,000 per Day Standard Room Paid in Full within PRIME Network*	THB 20,000 per Day Standard Room Paid in Full within PRIME Network*
	Intensive Care Inpatient Room (ICU) Room and board including hospital service charges (Inpatient)	Paid in Full	Paid in Full	Paid in Full
Section 2	Medical service fees for diagnosis or treatment, blood transfusion service & blood component fees, nursing service fees, drug fees, parenteral nutrition fees and medical supply fees per policy year	Paid in Full	Paid in Full	Paid in Full
	2.1 Medical service fees for diagnosis			
	2.2 Medical service fees for treatment, blood transfusion service & blood component, nursing service			
	2.3 Drug fees, parenteral nutrition fees and medical supply fees			
2.4 Home medication fees and home medical supply fees (medical supplies 1)				
Section 3	Attending medical professional fee (Doctor) per policy year	Paid in Full	Paid in Full	Paid in Full
Section 4	Medical expenses for surgery and surgical procedures per policy year	Paid in Full	Paid in Full	Paid in Full
	4.1 Operating room fees and operating procedure room fees			
	4.2 Medication expenses, parenteral nutrition expenses, medical supplies expenses and equipment expenses for surgery and surgical procedures			
	4.3 Medical professional fees for surgery or surgical procedures including Surgical Assistant Doctor (Doctor fee)			
	4.4 Anesthesiologist Fees (Doctor fee)			
4.5 Medical expenses for organ transplant				
Section 5	Major surgery that does not require an inpatient stay (day surgery)	Paid in Full	Paid in Full	Paid in Full

*The PRIME Network is an additional service provided by LUMA for the sole benefit of LUMA members who benefit from a PRIME health insurance policy. The list of medical facilities of PRIME Network can be found on LUMA website at lumahealth.com/prime-health-insurance/prime-network/. The terms and conditions of the PRIME Network can be subject to change without prior notice. The availability of the network does not guarantee full payment for standard room coverage; terms and conditions of the policy apply.

Paid in full: Coverage up to Overall Annual Limit per person

Admission for treatment as an inpatient refers to an admission for treatment as an inpatient or major surgery without requiring an inpatient admission (day surgery) in the Medical Facility per time; and includes an admission for treatment as an inpatient or Major surgery without requiring an inpatient admission in the Medical Facility no matter how many times for the same injury or illness, and is not yet cured, including related or continuous complications. Admission within 90 days from the last discharge from the Medical Facility is considered the same admission for treatment.

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BENEFITS IN CASE NO HOSPITALIZATION IS REQUIRED

Section 6	<p>Medical expenses for diagnostic examinations before and after a directly related inpatient stay or medical fees for outpatient follow-up treatments after discharge from a directly related inpatient stay per policy year</p> <p>6.1 Medical expenses for diagnostic examinations before and after a directly related inpatient stay, within 45 days</p> <p>6.2 Medical expenses for outpatient follow-up treatments after discharge from a directly related inpatient stay, within 45 days (not including diagnostic examinations)</p>	THB 30,000 per policy year	THB 50,000 per policy year	THB 100,000 per policy year
Section 7	Outpatient medical expenses in case of injury , within 24 hours from an accident (per event)	Paid in Full	Paid in Full	Paid in Full
Section 8	Rehabilitation expenses after an inpatient stay , per policy year	Paid in Full /10 days per policy year	Paid in Full /30 days per policy year	Paid in Full /30 days per policy year
Section 9	Medical expenses for the treatment of chronic kidney disease by kidney dialysis , per policy year	THB 200,000 per policy year	THB 1,500,000 per policy year	THB 2,000,000 per policy year
Section 10	Medical expenses for the treatment of cancer & tumor by radiotherapy, interventional radiology and nuclear medicine, per policy year	Paid in Full	Paid in Full	Paid in Full
Section 11	Medical expenses for cancer treatment by chemotherapy, per policy year	Paid in Full	Paid in Full	Paid in Full
Section 12	Emergency ambulance service fees	Paid in Full	Paid in Full	Paid in Full
Section 13	Medical Expenses for minor surgery	Paid in Full	Paid in Full	Paid in Full

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Emergency refers to a sudden, severe, unforeseen acute medical condition or injury commencing within 48 hours of the Emergency event which requires immediate medical treatment, that without treatment could result in death or serious impairment of bodily function.

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 EXTENDED CLAUSES			
Parent Accommodation with Covered Person age under 18 years old	THB 1,500 per Day Max 30 Days	THB 1,500 per Day Max 30 Days	THB 1,500 per Day Max 30 Days
Costs of medical equipment and supplies (IPD)	Paid in Full	Paid in Full	Paid in Full
Reconstructive surgery following accident (IPD)	Paid in Full	Paid in Full	Paid in Full
Psychiatric Treatment in hospital as an Inpatient (10 months waiting period)	Not covered	Paid in full up to 15 Days per policy year	Paid in full up to 20 Days per policy year
Fees for physical artificial equipment and surgery to insert artificial equipment into the body (IPD)	Paid in Full	Paid in Full	Paid in Full
Nursing care at home or inpatient rehabilitation facility	THB 15,000 per policy year	THB 30,000 per policy year	THB 30,000 per policy year
Local ambulance service fee (IPD)	Paid in Full	Paid in Full	Paid in Full
Expenses associated with medical treatments not requiring an overnight hospital stay (Day Care Treatment)	Paid in Full	Paid in Full	Paid in Full
Cancer treatment not requiring an overnight hospital stay (Day Care Treatment) or Outpatient cases	Paid in Full	Paid in Full	Paid in Full
Treatment of infectious diseases (HIV) and immunodeficiency (AIDS) in case of inpatient or outpatient (Maximum 5 years) (10 months waiting period)	THB 100,000 per policy year	THB 500,000 per policy year	THB 500,000 per policy year
Treatment of conditions resulting from congenital abnormalities or congenital incomplete body organ formation systems or genetic diseases or developmental disorders of the body that appears after the date of policy inception and appears before the insured reaches the age of 16 years (10 months waiting period)	THB 100,000 per policy year	THB 300,000 per policy year	THB 600,000 per policy year
Wheelchair equipment or crutches in case of inpatient or in case of treatment that has not stayed overnight in the hospital (Day Care Treatment)	THB 10,000 per policy year	THB 30,000 per policy year	THB 50,000 per policy year
Limit of Loss of Life, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech or Permanent Disability from accident	THB 100,000	THB 100,000	THB 100,000
Worldwide coverage in case of accident or unforeseen medical emergencies outside the area of coverage.	THB 2,500,000 per policy year (up to 90 days per trip, maximum 180 days per policy year)	THB 7,500,000 per policy year (up to 90 days per trip, maximum 180 days per policy year)	THB 8,000,000 per policy year (up to 90 days per trip, maximum 180 days per policy year)


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		OUTPATIENT OPTION 1	OUTPATIENT OPTION 2
 OUTPATIENT BENEFITS (OPTIONAL)			
OUTPATIENT ANNUAL LIMIT PER PERSON		THB 40,000	THB 200,000
COPAYMENT		50%	0%
1	General Practitioner fees	Paid in Full	Paid in Full
2	Specialist fees (Other than the treating doctor)	THB 8,000 per day	THB 8,000 per day
3	Medical expenses for minor surgery that exceeds the limit of Section. 13 Medical expenses for minor surgery.	Paid in Full	Paid in Full
4	Lab test, X-rays, Diagnostic & Pathology Test	Paid in Full	Paid in Full
5	Prescribed Medicine	Paid in Full	Paid in Full
6	Prescribed Physiotherapy (Up to the annual limit per policy year)	Not covered	THB 2,000 per visit Maximum 15 visits per policy year
7	Prescribed Hearing Aids and Orthopedic Appliances	Not covered	THB 20,000 per policy year
Ex 1	Vaccination	Not covered	THB 10,000 per policy year
Ex 2	General Health Check-ups for primary health screening including annual Ultrasound, Mammogram, Pap Test or Thin-prep, Prostate Cancer Screening.	Not covered	THB 10,000 per policy year


Paid in Full: Coverage up to Outpatient Annual Limit per person.


When combined with Benefits of Insuring Agreements and other Extended Clauses of health insurance coverage category under this insurance policy, the Company will pay benefits not exceeding Maximum benefit per policy year.

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DENTAL BENEFITS (OPTIONAL)		DENTAL OPTION 1	DENTAL OPTION 2	DENTAL OPTION 3
COPAYMENT		10%	10%	10%
1	Dental Treatment	THB 20,000	THB 60,000	THB 100,000
	<ol style="list-style-type: none"> Dental scaling Fillings Dental examination or oral health checkup Tooth X-Ray Tooth extraction Root canal treatment (excluding crowns/bridges) Wisdom teeth extraction Flouride coating Enamel Dental prostheses 			
2	Artificial Dental Treatment  Waiting Period: Artificial dental treatment: 9 months Orthodontics (for insured below 18 years old): 24 months			
	<ol style="list-style-type: none"> Crowns Implants Orthodontics 			

MATERNITY BENEFITS (OPTIONAL)		MATERNITY OPTION 2	MATERNITY OPTION 3
1	 Pregnancy and normal childbirth	THB 200,000	THB 300,000
2	Maternity Benefits Waiting Period: 10 months	THB 20,000	THB 30,000
3	Complications from pregnancy and childbirth	THB 1,000,000	THB 1,000,000

VISION BENEFITS (OPTIONAL)		VISION OPTION
1	Vision Benefits Waiting Period: 9 months  <ol style="list-style-type: none"> Eyesight examination Glasses, frames, lenses Contact lenses Laser treatment 	THB 10,000