

General Information of Rider	
Type of insurance	The Rider provides coverage for medical treatment on yearly lump sum basis.
Underwriting Conditions	Consideration is made on full underwriting basis whereby the consideration and health checkup are subject to the Company's criteria. Each applicant can hold only one Rider of lump sum for each health type.
Issue Age	6-10 years old for iHealthy Ultra (kids plan). 11 - 80 years old for every plan of iHealthy Ultra. (Information and additional coverage can be obtained from proposal documents of iHealthy Ultra ) (renewal until age 89 and coverage term until age 90)
Coverage Plans	Smart and Bronze coverage plans for iHealthy Ultra (Kids plan) by covers only in Thailand. You can upgrade to the SILVER/GOLD/DIAMOND/PLATINUM plans once you reach the age of 11.



4 things parents must be mindful of and manage in relation to children's health expenses

1. Frequent malaise.

This can be the most expensive thing to budget for. Children are often more vulnerable to germs than adults as their immunity systems are still developing and thus they can be more susceptible to frequent illnesses.

2. Naughty accident.

Accidents can occur at any age, but due to children’s exploring, inattentive and adventurous nature, they occur more frequently in children. These injuries often need to be treated in hospital.

3. Childhood illness.

Hand, foot and mouth disease, dengue fever, influenza, etc. are more likely to occur in children since their immunity is not as strong and is still developing.

4. Medical expenses in case of inpatient treatment.

If your child needs to be admitted to the hospital for an accident or a serious illness, this will result in additional expenses beyond room and board.



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General Exclusion (partly)

- Congenital abnormalities, incomplete body’s organ formation since birth, or genetic disease, or body’s development abnormalities, unless this rider is effective for at least one year and symptoms appeared after the insured has reached the age of 16 years.
- Health check-up, request to be admitted in the medical facility or request for surgery, rehabilitation or rest for rehabilitation or treatment by means of resting, or hospitalization in a medical facility for general care assistance, investigation or treatment that is not related to the disease that caused admission in a medical facility, diagnosis of injury or illness, treatment or investigation to find the causes which is not medical necessary or not aligned with medical standard.
- Examination related to eyesight abnormality, Lasik, any expenses for equipment related to visual aids or treatment of visual abnormality.
- Treatment or surgery related to teeth or gums, denture, crowns, root canal treatment, fillings, orthodontic, scaling, extraction, root implant. With exception, if necessary, due to accidental injury which excludes fee of denture, crowns, and root canal treatment or root implant.
- Treatment of symptoms or disease related to mental state, psychiatric or behavioral or personality disorder, including attention deficit hyperactivity disorder (ADHD), autism, stress, eating disorders or anxiety.
- Any inoculations or vaccinations, except rabies vaccination after an animal attack and tetanus vaccination after injury.

(You can study more details of all general exclusions at [www.krungthai-axa.co.th](http://www.krungthai-axa.co.th) or contact an insurance agent.)

Payout Condition of iHealthy Ultra

Expenses incurred from medical treatment according to medical necessity and medical standards whereby the medical expenses will be paid out as actual cost but not over maximum benefit as specified in the Benefit Table of the rider.

Medical Necessity

The necessity to obtain medical services or other services of a medical facility for the medical treatment of injury or illness, which must be in line with the treatment of injuries or illnesses of the insured, and must comply with medical standards and not for the convenience of the insured or insured’s family or the medical service provider only.

Waiting Period

- (a) The Company will not pay benefits under this rider for any illness occurring within 30 days from the effective date under this rider, or the date the Company approves to increase the benefits of this rider, whichever happens later; or
- (b) The Company will not pay benefits according to this rider for illnesses occurring within a period of 120 days from the effective date under this rider, or the date the Company approves to increase the benefits of this rider whichever occurs later for a tumor, cysts or all types of cancers, hemorrhoids, all types of hernias, pterygium or cataracts, tonsillectomy or adenoids, all types of stones, varicose veins in the leg, endometriosis.

Pre-existing conditions

The Company will not pay benefits according to this rider for any chronic disease, injury or illness (including complicated condition) that have not been fully cured before the first effective date of this Rider, except:  
- The insured has informed the Company and the Company agrees to accept on risk and has no exclusion condition, or  
- There were no symptoms of a chronic disease, injury or illness (including complicated conditions) appearing and the insured had not been diagnosed or treated by a physician, or had not seen or consulted a physician, or had not visited or consulted with a physician during the past 5 years prior to the first effective date of the rider and during the past 3 years from the first effective date of this rider.

Note

- (1) This rider is renewable annually and will be renewed at the policy's anniversary. The insured has the right to cancel this rider at any time by notifying the Company in writing. The Company reserves the right to not renew the rider for any of the following events:
  - In case there is evidence that the insured does not disclose a significant fact in the insurance application or in a reinstatement request, in a health declaration, and any other declarations that relates to the agreement of this rider, that may have caused the Company to increase the insurance premium or reject the application or accept with condition.
  - The Insured claims benefits due to treatment of injury or illness without medical necessity.
  - The insured claims hospital compensation benefits from insurance companies in excess of his actual income.
- As for non-renewal of this rider for any of the events above, the Com pany will notify the insured in writing at least 30 days in advance.
- (2) The insured can request details of effective renewal premium from a life insurance agent. In any case, the insurance premium in the renewal year of this rider may change due to age, occupation class, higher medical expenses, or from the overall claim experience of this rider Portfolio.

**Warning:** This brochure is only preliminary information for presentation only. The applicant should study and familiarize himself/herself with the proposal document before making a decision to buy the insurance.



Rider



Worry-free about the wellbeing of your children

iHealthy Ultra

Krungthai-AXA Life insurance introduces New health standards for your kids, allowing them to reach their full potential

Know You Can

Call.1159  
[www.krungthai-axa.co.th](http://www.krungthai-axa.co.th)

Document as of November 2022



# iHealthy Ultra (Kids plan)

## Worry-free about the wellbeing of your children

Kids love to adventure and explore, and it’s important to let them have their own experiences. As parents, we cannot be there all the time to prevent every accident, thus it’s important to have the best medical care when these incidents inevitably happen. Medical costs can soar quite rapidly so having the best protection for your little ones is vital.

## Krungthai-AXA insurance has introduced a new standard of kids’ health protection

‘iHealthy Ultra’ allows parents to have peace of mind and children to continue learning, exploring and having fun.



1. With a protection plan to suit their adventurous years, coverage begins from the age of six.



- Coverage from the age of 6 to 90 years.
- There are two coverage options available, with maximum annual limits of 3 million baht and 10 million baht per policy year.



2. Fostering peace of mind in relation to medical expenses, as protected and covered with lump sum treatment expenses.



**Covers actual expenses.** \* Cover medical expenses with an annual maximum limit and access to the best quality of treatment for surgery, dialysis, and cancer treatment, including chemotherapy, radiotherapy, and modern medical technology such as Targeted Therapy for cancer.

\* Benefits are in accordance with the benefit table of this rider.



3. Special discount for healthy kids



Special - in case of no claims for hospital admissions for 3 consecutive policy years, get 10% discount on renewal year premiums. (Terms and conditions are as specified in the Rider.)



4. Plan for a variety of needs alongside other coverage options.

You can choose a basic plan and attach other riders\*\* according to your individual needs.

\*\* Can be attached in accordance with the underwriting guidelines of the basic plan and iHealthy Ultra rider

## Benefit table of iHealthy Ultra (Kids plan)

		SMART	BRONZE
Maximum total benefit per policy year		THB 3 million	THB 10 million
Rider Benefits and Coverage			
Category	1. In-patient Benefits		
1	Room and board and hospital service fees (in-patient) per policy year	THB 1,500 per day	THB 3,000 per day
	In case that an insured is treated in an Intensive Care Inpatient Room, the Company will pay for the room and board and hospital service fee (in-patient)	As charged*	
2	Medical service fees for diagnosis or treatment, blood and blood components service fee, nursing service fee, medicine expenses, parenteral nutrition fee and medical supplies expenses per policy year		
	Sub-category 2.1 Medical service fees for diagnosis	As charged*	
	Sub-category 2.2 Medical service fees for treatment, blood charges and blood components service fee and nursing services expenses	As charged*	
	Sub-category 2.3 Medicine expense, parenteral nutrition fee and medical supplies fee	As charged*	
	Sub-category 2.4 Medicine and consumable medical supplies (medical supplies 1) fee for take-home	As charged* (Maximum 15 days per hospitalization as an in-patient each time)	
3	Medical practitioner (physician) fee for medical examination per policy year	Age 6 - 10 yrs. THB 1,000 per day	Age 6 - 10 yrs. THB 3,000 per day
		Age >= 11 yrs. : As charged*	
4	Medical expenses by surgery and medical procedures per policy year		
	Sub-category 4.1 Fee for an operating room and a room for the medical procedure	As charged*	
	Sub-category 4.2 Medicine expense, parenteral nutrition fee, medical supplies fee, and equipment for surgery and medical procedures	As charged*	
	Sub-category 4.3 Medical practitioner fee for surgery and medical procedures for surgeons and procedure doctors (including surgeon assistants) (Doctor fee)	As charged*	
	Sub-category 4.4 Medical practitioner fee and anesthetist fee (Doctor fee)	As charged*	
5	Major surgery that does not require an in-patient stay (Day Surgery)	As charged*	
Category	2. Benefit in case of not staying for in-patient treatment		
6	Medical service fees that are directly related to before and after hospitalization for in-patient or ongoing out-patient medical expenses, that are directly related to after the stay as an in-patient, per policy year		
	Sub-category 6.1 Medical service fees for the diagnosis that is directly related and occurred within 30 days before and after the stay as an in-patient.	As charged*	
	Sub-category 6.2 Out-patient medical expenses after each stay as an in-patient for continued medical treatment within 30 days after leaving the hospital as an in-patient at that time (excluding medical service fees for diagnosis)	As charged* (Maximum 2 visits per hospitalization as an in-patient each time)	
7	Injury medical expenses in the case of out-patients within 24 hours of each accident	As charged*	
8	Rehabilitation medicine expenses after each stay as an in-patient per policy year	Not Cover	
9	Medical service fees for chronic renal failure treatment by dialysis through a vein, per policy year	As charged*	
10	Medical service fee for the treatment of tumors or cancer by radiation therapy, interventional radiology, and nuclear medicine, per policy year	As charged*	
11	Medical service fees for chemotherapy for cancer treatment per policy year	As charged*	
12	Emergency ambulance service fee	As charged*	
13	Medical expenses for minor surgery	As charged*	

In case of hospitalization outside the coverage area, the company will provide medical coverage only for emergency medical treatment occurring within 90 days from the departure date only. The company will provide coverage for such medical treatment up to 90 days from the departure date.  
Remark : \* The Company will pay benefits as charged which shall not exceed the maximum total benefit per policy year.