

Benefit table of iHealthy Ultra for the insured aged 11 years or over

		SMART	BRONZE	SILVER	GOLD	DIAMOND	PLATINUM
Maximum total benefit per policy year		THB 3 million	THB 10 million	THB 15 million	THB 25 million	THB 70 million	THB 100 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	THB 5,500 per day	THB 9,000 per day	THB 15,000 per day	THB 21,000 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	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. *					
	Sub-category 4.5 Medical expenses for organ replacement surgery	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 sevice 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. *					
Category	3. Others benefit						
14	Special nursing expense in the hospital and/or at home after being treated as an in-patient	—	—	As charged. *			
15	Dental expenses due to accident (within 7 days)	—	—	As charged. *			
16	Oral and maxillofacial surgery	—	—	As charged. *			
17	Complications before and after childbirth (12MWP**)	—	—	As charged. *			
18	Consultation fee and medicine fee, including prescriptions for out-patient per policy year	—	—	THB 6,000 ***	THB 12,000 ***	THB 60,000 ***	As charged
19	Physical therapy fee for out-patient per policy year	—	—				As charged
Additional Benefits for Diamond and Platinum Plans							
20	Neonatal intensive care unit fee	—	—	—	—	As charged. *	
21	Treatment fee by alternative physicians per policy year	—	—	—	—	THB 5,000	THB 35,000
22	Dental treatment fee**** per policy year	—	—	—	—	THB 7,500	THB 36,000
23	Psychiatric expenses for in-patient and out-patient cases per policy year	—	—	—	—	THB 5,000	THB 200,000
24	Medical service expenses for pregnancy and maternity ( 12MWP**) per policy year	—	—	—	—	—	THB 400,000
25	Eye care expenses per policy year	—	—	—	—	—	THB 25,000
26	Annual health check-up fee ( 12MWP**) per policy year	—	—	—	—	—	THB 30,000
27	Vaccination fee per policy year	—	—	—	—	—	THB 45,000
28	Medical expenses and end-stage palliative care per policy year***** (12MWP**)	—	—	—	—	—	THB 1,000,000

**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.

\*\*

12MWP means waiting period for 12 months.

\*\*\*

Maximum benefit coverage of category 18 combined with category 19

\*\*\*\*

The Company will compensate 80 percent of the actual medical expenses but not exceeding the benefits as stated in the benefit table.

\*\*\*\*\*

This benefit is limited to 1 time per insured lifetime.