



AIA Group Employee Benefits

Pronto group ltd.

•May 1, 2017



Benefit & Coverage

Benefit - Group Term Life



- Insurance coverage for all causes of death 24 hours and worldwide coverage

Exclusion

- Except suicide within first year
- The beneficiary intentionally murdered the Insured

Benefit	Plan 1	Plan 2
Group Term Life Insurance	1,000	1,000

Benefit - Group Accident Death & Disablement Insurance (AD&D)



Compensation shall be payable in case the following causes:

- Loss of Life
- Loss of sight, Loss of hearing (within 180 days from the date of accident)

Extension of Coverage

- Murder / Assault
- Strike / Riot
- Motorcycle Risks
- No minimum limit for alcohol test

Benefit	Plan 1	Plan 2
Group Accident & Disablement Insurance	400,000	600,000

Group Medical Benefits



Coverage ... Necessarily incurred expenses for treatment caused by sickness or injury

Hospitalization Benefits /
In-Patient Benefit (IPD)



Benefits Table



BENEFITS Coverage		
	Plan 1	Plan 2
HOSPITALIZATION INSURANCE <i>(IPD benefit)</i>		
A. DAILY ROOM & BOARD <i>(no limited / disability)</i>	2,500	4,000
I.C.U. (max. 15 days)	5,000	8,000
B. OTHER HOSPITAL SERVICES <i>(Including Nursing service fee, Service Charge fee & OPD follow-up within 90 days after discharge)</i>	40,000	60,000
Ambulance Service / Max. per disability / per trip and including in item B	2,500	4,000
C. SURGICAL BENEFIT <i>(Non-Schedule)</i>	55,000	70,000
D. IN-HOSPITAL DOCTOR'S CALL <i>(Max per day, no limited / disability)</i>	1,200	1,500
E. EMERGENCY OUT-PATIENT TREATMENT <i>(Accident within 24 hours and follow up 31 days)</i>	7,000	9,000
F. SPECIALISTS' CONSULTATION FEE	6,000	8,000
<i>(Excluding in item B or C)</i>		
H. Funeral Indemnity	25,000	40,000
I. CLINICAL CALL (1 call per day, max. 30 calls)	1,000	1,500

In-patient Benefits (IPD)



Hospital Room & Board

- Basic Room ... consists of Daily Room & Board, Service Fee, Nursing Fee
- Intensive Care Unit (ICU) ... ICU Room is charged double of Basic Room
- Admit Set and Service Charge is not covered



In-patient Benefits (IPD)



OTHER HOSPITAL SERVICES

- Charge for operating Room, laboratory examination, medicine consumed, blood transfusion, physical therapy
- Physician's charged for anesthesia and its administration
- Ambulance services – not excess Room & Board per day for each injury or sickness
- The cover of CT, MRI, Echocardiogram, Exercise Stress Test and PET scan will only be paid under the inpatient benefit if it is in association with a condition which is medically necessary. The Company will pay the cost of PET scan under the hospital general expenses not more than the amount paid by the Covered person up to benefit limit stated in the policy schedule or up to a maximum limit of 20,000 Baht per disability, which is smaller.



In-patient Benefits (IPD)



Surgical Benefits

- Fee charged by the surgeon for the operation.

Day Case Surgery

- Extend to cover “**Day Case Surgery**” in case of out-patient (no need to be admitted in hospital) such as Excision wart or mole, Upper GI endoscope and Biopsy, Cysts or benign tumor.



In-patient Benefits (IPD)

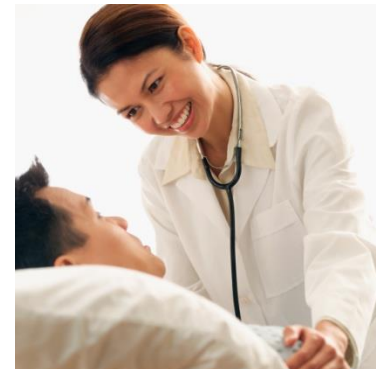


In-Hospital Doctor's Visit

- Connection with the treatment of injury or sickness by a physician calling at hospital, Max. **31 days** per disability

Specialist's consultation fee

- For Surgical Case: Included in Surgical Benefit
- For Non-Surgical Case: Included in Hospital General Services



In-patient Benefits (IPD)



OPD Emergency Treatment

- Treatment within 24 hours after accident incurred
- Including follow up treatment **within 31 days**



Out-patient Benefits (OPD)



Out-Patient

Out-Patient Treatment by a Registered Medical Practitioner in the hospital or clinic as a result of sickness or injury



Exclusions of Group Medical Benefit (IPD & OPD)



No benefit shall be payable for any one of the following occurrences:

- ~~1. The pre-existing conditions under which the Insured Member received medical treatment, diagnosis, consultation or prescribed drugs during the ninety (90) days preceding the effective date of his coverage, unless the Insured Member affected by these conditions has been insured under this Supplementary Contracts for twelve (12) consecutive months.~~
2. Self-destruction or intentional self-inflicted injuries or any attempted self destruction;
3. War, declared or undeclared, strikes, riots, terrorist activities, civil war, revolution or any warlike operations;
4. While the Insured Member performing as the soldier servicing in the war or warlike operations or subjugating, AIA shall refund the pro rata premium for that period;
5. Any violation or attempted violation of the law or resistance to arrest, except for a petty or compoundable offense;
6. Pregnancy, miscarriage, abortion or child birth or complication from pregnancy; infertility (including investigations and treatments) sterilization and birth control;
7. Treatment for the disease or symptom of sleep apnea, sleep disturbance disorders, psychosis, mental or nervous disorders, stress, alcoholism, consuming or addict any drugs or drugs accident, or communicable disease requiring isolation or quarantine under the law;
8. Treatment for sunstroke, any eye sight problem, corrective aids and treatment or refractive errors unless necessitated by injury caused by accident,
9. Cosmetic or plastic surgery or any elective surgery or treatment or surgery for congenital anomalies;

Exclusions of Group Medical Benefit (IPD & OPD)



10. Treatment for Surgery for dental unless necessitated by the injury caused by an accident but not including the denture, crown and root therapy;
11. General check-up, convalescence, curing for fatigue, specific purpose for rehabilitation, physiotherapy, custodial rest care, any investigation(s) not directly related to hospital admission, diagnosis, illness or injury or any treatment or investigation which is not medically necessary or consistent in accordance with standards of good medical practice, or non-medical personal services such as radio, telephone and the like.
12. Drugs purchased without doctor's prescription.
13. Eye refractions, fitting of glasses, contact lenses or hearing aids, gingivitis, oral care.
14. Disorders of a functional nature including without limitation constipation, dyspepsia, indigestion and anorexia
15. Claims for which all original receipts and/or bills are not submitted for processing within three(3) months of incurring such expenses.

Additional Exclusion of Out-Patient X-ray and Laboratory Tests Benefits

16. X-ray examinations or laboratory tests unless recommended by a Registered Medical Practitioner for the diagnosis of a Sickness or Injury.
17. An examination made in a Hospital if the Insured Member is entitled to any other benefits with respect to such examination under the Supplementary Contract to which this Endorsement is attached.
18. Eye refraction or dental examinations, except necessitated by damage to sound natural teeth as a result of an Injury occurring during the period of insurance.
19. Disorders of a functional nature including without limitation of constipation, dyspepsia, indigestion, anorexia.

Thank you