

1 January 2008



 InterGlobal

IAG Insurance (Thailand) Ltd InterGlobal HealthCare Plans

New UltraCare Insurance Plan Guide

For all plans with a start date on or after 1 January 2008

Individuals and Families



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New UltraCare Insurance Plan Guide

We would like to welcome **you** and thank **you** for choosing an IAG Insurance (Thailand) Ltd InterGlobal Healthcare Plan. We aim to provide you with an International Healthcare Plan **you** can rely on. To do this, it is important that **you** fully understand how **your plan** works. This Plan Guide, along with **your** selected **plan's** Table of Benefits, explains what is, and is not, covered.

This Plan Guide will also provide **you** with important information about managing **your plan**, how to make a **claim** and what to do in the event of a medical **emergency**. Please spend some time reading carefully through this guide to ensure that **you** are completely satisfied with the cover **we** are providing and that it meets all **your** requirements. If **you** have any questions about the information provided in this guide or any questions **you** think it does not answer, please do not hesitate to contact **us** and one of **our** friendly staff will be more than happy to help.

Some words and phrases used within this Plan Guide and Table of Benefits have been given specific meanings that are relevant to **your plan**. These meanings have been defined in the list of **plan** definitions which can be found on pages 28 - 31 and have been highlighted throughout in **blue bold** print.

Key to using this Plan Guide

-  Applies to Individual Plans Only
-  Applies to Maternity Optional Add-on Plan
-  Applies to Personal Accident Optional Add-on Plan
-  Applies to Travel Add-on Plan
-  Claims Procedure

How to Contact Us

If you have an enquiry, please use the following contact details:



Client Services Team

Telephone: +66 (2) 207 0266 Ext. 4900 Fax: +66 (2) 207 0584, +66 (2) 207 0575 Email: interglobal@iag.co.th

Address Details

IAG Insurance (Thailand) Ltd, 24th Floor, Thanapoom Tower, 1550 New Petchburi Road, Bangkok 10400, Thailand

Claims Team

Telephone: +64 9 309 2119 Fax: +64 9 309 4119 Email: claims@interglobal-nz.biz

International Helpline

Telephone Numbers:

Toll Free numbers from:

Thailand:	001 800 647 355	Australia:	1800 147 528	Indonesia:	001 80 364 17375
Japan:	00 531 642084	Malaysia:	1800 802 157	USA:	1888 826 6830

To make a collect call you must first contact the telephone operator in the country you are calling from. You must then say that you would like to make a collect call and specify the number detailed above. The operator will then connect you to First Assistance at no charge to you.

Call collect from elsewhere in the world: +64 9 356 1648 Fax Number: +64 9 525 1278

Further important details of when to contact the International Helpline are provided on page 27 of this Plan Guide. All incoming and outgoing calls to and from First Assistance will be recorded for monitoring and training purposes.

Schedule of Benefits

	New UltraCare Insurance				
Overall Limits	Plus	Comprehensive	Select	Standard	
Under the terms and conditions of the plan , we will pay necessary, customary and reasonable expenses up to an overall maximum, per insured person per plan year (unless a lifetime limit is specified):	THB 80,000,000	THB 80,000,000	THB 80,000,000	THB 34,000,000	
Section A - In-Patient and Daycare Treatment					
Accidents and emergencies , intensive care and theatre costs	Covered in Full	Covered in Full	Covered in Full	Covered in Full	
Hospital accommodation					
Nursing fees, medical expenses and ancillary charges					
Surgeons', consultants' , anaesthetists', medical practitioners' fees					
Prescribed medicines and drugs					
Reconstructive surgery following an accident or following surgery for an eligible medical condition					
Prostheses: artificial body parts surgically implanted to form permanent parts of an insured person's body					
MRI, PET and CT scans					
X-rays, pathology, diagnostic tests and procedures					
Oncology tests, drugs and consultants' fees including cover for chemotherapy and radiotherapy					
Allergies: treatment of allergic medical conditions					
Physiotherapy by a registered physiotherapist , when referred by a medical practitioner, consultant or specialist					
Parent accommodation, insured parent with an insured child under 18 years of age in hospital					
Accidental damage to natural teeth					
Psychiatric treatment up to 30 days available after 12 months continuous cover under the plan	Not Covered	Not Covered	Not Covered		
Section B - Out Patient Treatment					
Primary consultations and treatment to include medical practitioners' fees, prescribed medicines, drugs and dressings	Covered in Full	Covered up to THB 340,000	Covered up to THB 204,000	Not Covered	
X-rays, pathology, diagnostic tests and procedures					
Specialists' and consultants' fees for consultations, prescribed medicines, drugs and dressings	Covered up to THB 136,000	*Complementary medicine and treatment, and Physiotherapy up to a maximum sub-limit of THB 34,000	*Complementary medicine and treatment, and Physiotherapy up to a maximum sub-limit of THB 17,000		
Psychiatric treatment available after 12 months continuous cover under the plan	Covered up to THB 136,000				
Complementary medicine and treatment by a therapist , when referred by a medical practitioner, consultant or specialist . This benefit extends to osteopathic, chiropractic, homeopathic and acupuncture treatment and Chinese herbal medicine*	Covered up to THB 136,000				
Physiotherapy by a registered physiotherapist , when referred by a medical practitioner, consultant or specialist *	Covered in Full				
Oncology tests, drugs and consultants' fees including cover for chemotherapy and radiotherapy	Covered in Full	Covered in Full	Covered in Full		
MRI, PET and CT scans					
Out-patient surgical operations					
Allergies: treatment of allergic medical conditions	Covered up to THB 10,200	Covered up to THB 10,200	Covered up to THB 10,200		
Post-hospitalisation treatment	Covered in Full up to 90 days	Covered in Full up to 90 days	Covered in Full up to 90 days		Covered in Full up to 90 days
Section C - Out-Patient Dental Treatment (available after 6 months continuous cover)					
Treatment for the immediate relief of dental pain, accidental damage to natural teeth and restoration of natural teeth including x-rays, fillings, extractions, root-canal treatment , gum treatment	Covered up to 75% of THB 51,000	Covered up to 75% of THB 34,000	Not Covered		Not Covered
Section D - Wellness Benefit					
Routine health checks including cancer screening, cardiovascular examinations, neurological examinations, well child tests, vital sign tests (e.g. blood pressure, cholesterol checks) and vaccinations	Covered up to THB 23,800	Covered up to THB 17,000	Not Covered	Not Covered	
Section E - Chronic Medical Conditions					
Stabilisation of acute exacerbations / episodes of chronic medical conditions	Covered within the limits in the in-patient, daycare and out-patient sections	Covered within the limits in the in-patient, daycare and out-patient sections	Covered within the limits in the in-patient, daycare and out-patient sections	Covered within the limits in the in-patient and daycare section and immediately following in-patient or daycare treatment for a period of 90 days after discharge	
Maintenance, routine checkups, prescribed drugs and dressings, and palliative treatment	Covered up to a lifetime limit of THB 2,000,000 with an annual limit of THB 660,000	Covered up to a lifetime limit of THB 1,700,000 with an annual limit of THB 560,000	Covered up to a lifetime limit of THB 1,360,000 with an annual limit of THB 440,000	Not Covered	
Please note: In the event of achronic medical condition being deemed terminal , cover under the Chronic Medical Conditions benefit will cease. Terminal medical conditions can only be covered under the Terminal Illness benefit .					
Section F - Terminal Illness					
Palliative treatment and hospice care on diagnosis of a terminal condition	Covered up to a lifetime limit of THB 2,000,000 with an annual limit of THB 660,000	Covered up to a lifetime limit of THB 1,700,000 with an annual limit of THB 560,000	Covered up to a lifetime limit of THB 1,360,000 with an annual limit of THB 440,000	Not Covered	

Section G - Hormone Replacement Therapy	Plus	Comprehensive	Select	Standard
Hormone replacement therapy in respect of pre- and post-menopausal symptoms	Covered up to THB 10,200	Covered up to THB 10,200	Covered up to THB 10,200	Covered up to THB 10,200 immediately following in-patient or daycare treatment for a period of 90 days after discharge
Section H - HIV/AIDS (available after 4 years continuous cover)				
Treatment for HIV/AIDS and related medical conditions	Covered up to a lifetime limit of THB 3,400,000	Covered up to a lifetime limit of THB 3,400,000	Covered up to a lifetime limit of THB 3,400,000	Not Covered
Section I - Emergency Local Ambulance				
Costs of road ambulance transport required due to an emergency or medical necessity to the nearest available and appropriate local hospital	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Section J - Organ Transplant				
Treatment for and in relation to an organ transplant of either: kidney, liver, heart, lung, or heart and lung, in respect of the insured person as recipient and not the organ donor	Covered up to THB 13,600,000	Covered up to THB 13,600,000	Covered up to THB 13,600,000	Covered up to THB 13,600,000
Section K - Nursing at Home				
Primary care services of a registered nurse in the insured person's home immediately after, or instead of, in-patient or daycare treatment	Covered up to THB 340,000	Covered up to THB 170,000	Covered up to THB 170,000	Covered up to THB 102,000
Please note: The Nursing at Home benefit does not apply to terminal medical conditions . Terminal medical conditions can only be covered under the Terminal Illness benefit				
Section L - Compassionate Emergency Visit				
Costs incurred by an insured person for an economy class return airfare from the country of residence to visit a close family member , up to the attained age of 75 years, in the event of a medical condition that results in that close family member being placed on a critical list , or his/her death. Limited to one return journey per insured person per plan year	Covered in Full	Covered in Full	Covered in Full	Not Covered
Section M - Hospital Cash Benefit				
Cash payment payable for each night where treatment is received by an insured person as a non-paying patient	THB 17,000 per night Up to a maximum of THB 510,000	THB 17,000 per night Up to a maximum of THB 510,000	THB 17,000 per night Up to a maximum of THB 510,000	THB 17,000 per night Up to a maximum of THB 510,000
Section N - Legal Expenses				
Legal expenses incurred by an insured person with our prior written consent in pursuit of a claim against a third party who has caused bodily injury to, or the death of, an insured person	Covered up to THB 510,000	Covered up to THB 510,000	Covered up to THB 510,000	Covered up to THB 510,000
Section O - Emergency Evacuation and Repatriation				
The transportation costs of an insured person to the nearest centre where adequate medical facilities are available. Payment of this benefit , including treatment incurred, will be subject to the insured person suffering from a medical condition ; (a)** that necessitates the insured person being placed on a critical list , or, (b) for which, in our opinion, adequate treatment is not available in the country where such treatment is required and/or recovery would be substantially expedited thereby	Covered in Full	Covered in Full	Covered in Full	Covered in Full When relating to in-patient and daycare treatment
Economy class return airfare following an emergency medical evacuation, to country of residence				
**Travelling, accommodation and economy class return airfare expenses for pre-authorised costs of a close business colleague , or the insured person's dependants , or in the case of the insured person being a dependant , a parent or close family member , having to accompany the insured person for an emergency medical evacuation. This benefit will only become available under the conditions detailed in clause (a) above				
Section P - Repatriation of Mortal Remains				
In the event of death, the costs of preparation and air transportation of the body, mortal remains or the ashes of an insured person , from the place of death to the home country , or the preparation and local burial or cremation of the mortal remains of the insured person , who dies outside of the home country	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Section Q - Emergency Medical Treatment Outside Area of Cover				
Emergency medical treatment cover outside of geographic area of cover	Covered up to THB 2,380,000	Covered up to THB 2,060,000	Covered up to THB 1,360,000	Not Covered
Deductibles				
1 Out-patient medical treatment standard excess (applied per medical condition , per plan year)	THB 1800	THB 1800	THB 1800	THB 1800
2 Out-patient dental treatment co-insurance (applied per claim)	25%	25%	N/A	N/A

Insurance Contract

The Individual Application Form, Table of Benefits, Certificate of Insurance, Membership Card and this Plan Guide form

your contract of insurance with **us** and should be read together by **you**.

The General Conditions, Benefit Conditions and Benefit Exclusions in this Plan Guide apply to **you** and to all of the **insured persons** as specified on the Certificate of Insurance.

We reserve the right to alter and/or amend the General Conditions, Benefit Conditions and Benefit Exclusions in this Plan Guide, any other terms and conditions in this Plan Guide that may apply, the premium rates, discounts and/or surcharges at the beginning of **your plan year**. **You** will be advised of any changes prior to **your** renewal.

All the **benefits** covered under this **plan** are detailed on the Table of Benefits, which accompanies this Plan Guide.

Benefit limits are shown in Thai Baht.

Plan Definitions

Abuse means the excessive use of a substance including but not limited to alcohol and drugs. As regard to drugs, this includes use for a reason other than that which it was intended for or in a manner or quantities other than as directed or prescribed on medical authority.

Accident means any involuntary, sudden, unexpected or unforeseen external event resulting in **bodily injury** to an **insured person**.

Acute means a **medical condition** that responds to **treatment**, which aims to return **you** to **your** previous state of health or leads to your full recovery.

Area of cover means the geographic area of the world in which the **plan** is operative and which is described on the Certificate of Insurance.

- Area 1 means Europe.
- Area 2 means Worldwide, not including the USA.
- Area 3 means Worldwide.
- Area 4 means Australia and New Zealand.

Benefit/Benefits means the coverage provided by this **plan** and any extensions or restrictions shown in this Plan Guide, Certificate of Insurance and the Table of Benefits.

Birth defect means any deformity, anomaly, abnormality or disability, arising during pregnancy, or caused during childbirth.

Bodily injury means an identifiable physical injury.

Chronic means a **medical condition** which has at least one of the following characteristics:

- has no known cure
- is likely to recur
- requires **palliative treatment**
- needs prolonged monitoring/treatment
- is permanent
- requires **specialist training/rehabilitation**
- is caused by changes to the body that cannot be reversed.

Claim/Claims means an **insured person** or agent, personal representative, assignee or trustee in bankruptcy seeking payment or settlement under the terms and conditions of the **plan**.

Close business colleague means an associate of the **insured person** who is employed within the same company.

Close family member means a **dependant**, parent, step-parent, parent-in-law, grandparent, grandchild, brother, sister, brother or sister-in-law, son or daughter-in-law or guardian. Maximum age is 75 years attained.

Co-insurance means an uninsured percentage of money, which the **planholder/insured person** must pay towards the cost of a covered **claim** per **plan year**.

Commencement date means the **date of joining** or any subsequent **renewal date** relative to a specific **plan year**, as specified on a valid Certificate of Insurance.

Common carrier means a licensed form of transportation for fare-paying passengers.

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Congenital abnormality means a **medical condition** that is present at birth or is believed to have been present since birth, whether it is inherited or caused by an environmental factor.

Consequential loss means any costs incurred that maybe associated with a **claim** but are not covered under the **plan**. An example of this could be loss of earnings as a result of a **medical condition**.

Consultant, please refer to the **specialist/consultant** definition.

Continuation of Personal Medical Exclusions (CPME) means upon transfer from another insurer **we** will offer to continue the same underwriting exclusions terms or **moratorium** that applied previously to the transferring **insured person** (if applicable). **We** shall not require the transferring **insured person** to be subject to any new personal underwriting exclusion terms nor apply any new **moratorium**. However coverage will still be subject to all other **benefits**, terms and conditions of the **plan** except BE1.

Country of residence means the country in which **you** and **your dependants** live for the majority of the time (usually for a period of at least 6 months) during a **plan year**.

Critical means a **medical condition** which is unstable and serious, where the outcome cannot be medically predicted, prognosis is uncertain and the individual concerned is in danger of dying.

Curtailment means abandonment of a **trip** by an **insured person** due to a factor or factors beyond the **insured person's** control.

Date of joining means the start date of an **insured person** shown on the Certificate of Insurance on which cover under the **plan** first commenced.

Daycare treatment means **treatment** at a **hospital** where an **insured person** is admitted and occupies a bed, but does not remain overnight.

Dental means that which affects the teeth and gums.

Dependant means an **insured person's**:

- spouse, common-law spouse or partner,
- unmarried child, stepchild or child legally adopted under 18 years attained,
- unmarried child under 25 years attained, if in full-time education (written proof may be required from the educational institution where they are enrolled).

Diagnostic tests/procedure means a **medically necessary** test or examination to investigate the cause of an **insured person's** symptoms.

Emergency means a sudden, unexpected **acute medical condition** or an unexpected acute exacerbation of a **chronic medical condition** that, without **treatment** within forty-eight (48) hours of onset, could result in death or serious impairment of bodily functions.

Excess means an uninsured amount of money, which the **planholder/insured person** must pay towards the cost of a **claim** as specified on **your** table of **benefits**.

Expiry date means the end date of the **plan**.

Foreseeable means a **medical condition** that could be reasonably anticipated.

Home country means the country declared as such on the application form.

Hospice means an organisation providing services for patients with a **terminal** illness. **Hospice** care may be as an **in-patient** or **out-patient** at home, or at a centre for controlling pain and other symptoms.

Hospital means an establishment legally licensed as an institution for providing **treatment** under the laws of the country in which it is located.

Immediate family is defined as a blood relative.

Inception date means the date shown on the Certificate of Insurance on which cover under the **plan** first commenced.

In-patient treatment means **treatment** at a **hospital** where an **insured person** is admitted and occupies a bed for one or more nights.

Insured person(s) means an individual who has satisfied the enrolment requirements of the **plan** and is named on a valid Certificate of Insurance.

Insurance Premium Tax (IPT) means a government tax which **we** have to collect at the rate applicable in **your country of residence**.

Intrinsic value means the actual cash value of an item at the time of loss or damage, including appropriate deductions for wear and tear.

Legal representative means a personal representative with legal standing (as by power of attorney or executor of a will).

Local ambulance means road ambulance transport required due to an **emergency** or **medical necessity** to the nearest available and appropriate local **hospital**.

Manifested means a **medical condition** that showed or demonstrated itself plainly.

Medical condition(s) means any injury, illness, sickness, disease, signs or symptoms.

Medical History Disregarded (MHD) means no special underwriting terms shall apply and no exclusion from cover will exist for eligible **medical conditions** that are known to have been in existence prior to the **date of joining**. However such eligible **medical conditions** will still be subject to all other **benefits**, terms and conditions of the **plan** except BE1.

Medical practitioner means a **person** who is licensed to practice medicine in the country where the **treatment** is provided and has obtained the primary degrees in medicine and surgery following attendance at a recognised medical school listed within the World Directory of Medical Schools published by the World Health Organisation

Medically necessary / medical necessity means **treatment** prescribed by the **insured person's medical practitioner**, attending **specialist/consultant**, which is appropriate for the **medical condition** and is in accordance with accepted medical standards.

Moratorium means a waiting period of twenty-four (24) months from the **date of joining**, or the date specified on the special terms section of the **insured person's** Certificate of Insurance, that must have elapsed before **claims** for **pre-existing** conditions may be eligible under the **plan**.

Natural teeth means any teeth that are original and organic and not artificial implants or replacements.

Non-paying patient means when an **insured person** is admitted as an **in-patient** or **daycare** Patient and receives **medical treatment** in a **hospital** where no charges are billed.

Nursing at home means services of a **registered nurse** in the home of an **insured person** when prescribed and supervised by a **medical practitioner, consultant** or **specialist** and **related** directly to a **medical condition** for which an **insured person** is receiving **treatment** covered under a **plan**.

Orthodontic means that which affects the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity.

Out-patient treatment means **treatment** at a **hospital**, consulting room, or **out-patient** clinic where an **insured person** does not occupy a bed.

Palliative means **treatment**, the purpose of which is to primarily temporarily relieve and/or maintain the symptoms, rather than to cure the actual **medical condition** causing the symptoms.

Permanent total disablement means disablement which entirely prevents an **insured person** from attending to any business or occupation to which he/she is suited by way of education, training or experience and which lasts 12 months and at expiry of that period is beyond expectation of improvement.

Physiotherapist means a person who is qualified to practice physiotherapy and is licensed in the country in which **treatment** is being provided.

Plan means the contract between **you** and **us**, to provide cover in accordance with the Table of Benefits, General Conditions, Benefit Conditions and Benefit Exclusions contained within **your plan** documents.

Plan administrator means the person appointed by the **planholder** to administer the **insured person's** group healthcare **plan**, and to act as co-ordinator with **us**.

Plan year means the period of 12 months, starting from the **commencement date**, as shown on a valid Certificate of Insurance.

Planholder means the person or organisation to which **we** have issued the **plan** and is named on a valid Certificate of Insurance.

Post hospitalisation treatment means **medical practitioner's** and **specialist/consultant's** fees, **diagnostic tests**, physiotherapy when referred by a **medical practitioner** or **specialist/consultant**, and drugs and dressings immediately following discharge from **hospital** after **in-patient** or **daycare treatment**.

Pre-authorise(d), Pre-authorisation means a process through which an **insured person** seeks approval from **us** prior to undertaking **treatment** or incurring costs. **Pre-authorisation** may be revoked if new information subsequently negates a **claim**.

Pre-existing means any **medical condition** or **related medical condition** which:

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- was foreseeable,
- manifested itself,
- the **insured person** had signs or symptoms of,
- the **insured person** sought advice for,
- the **insured person** received **treatment** for, or
- to the best of the **insured person's** knowledge, was aware existed.

Preventative treatment means **treatment** carried out where no **medical condition** or symptoms are present.

Primary treatment means the medical care a patient receives upon first contact with a medical professional (such as a general practitioner), before referral to a **specialist/consultant** for further **treatment**.

Professional sports mean sports where **you** are being paid to participate and where any such payment makes up the principal source of **your** income.

Psychiatric means that which affects the mind, emotions or mental function of a person whether it is organic, traumatic or reactive in origin.

Registered nurse means a qualified nurse who is currently on the professional register of nursing in the country where **treatment** is provided.

Rehabilitation means **treatment** aimed at restoring health and/or mobility in order to allow the **insured person** to live a more independent life.

Related means a **medical condition** that in both **our** opinion and that of the **insured person's medical practitioner, specialist/consultant**, is:

- directly or as a result of,
- associated with, or
- an associated risk factor of, another **medical condition**.

Renewal date means the anniversary of the **commencement date** of the **plan** as specified on a valid Certificate of Insurance.

Routine health check means any diagnostic test/ screening carried out where no **medical condition** or symptoms are present.

Specialist/consultant means a **medical practitioner** who is practicing and holds in the country where **treatment** is provided:

- a **consultant** appointment, or equivalent, or
- a recognised certificate of higher **specialist** training in the field of medicine for which the **treatment** is required.

Terminal means an advanced or rapidly progressing incurable **medical condition** which in the opinion of a **medical practitioner** is expected to lead to death.

Therapist means a chiropractor, osteopath, homeopath, acupuncturist or Chinese herbalist who is qualified and licensed in the country in which **treatment** is being provided.

Treatment means any surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve, or cure a **medical condition**.

Trip means a journey, or period of travel which does not exceed the duration specified on the **insured person's** Travel Optional Add-on Plan Certificate of Insurance. The **trip** includes the dates of departure from and the return to the **country of residence** (of the **insured person**), as declared by the **planholder**.

We/us/our means IAG Insurance (Thailand) Ltd or our appointed representatives on behalf of IAG Insurance (Thailand) Ltd.

You/your means the **planholder** or **insured person**.

30 Day Money Back Guarantee

If **you** feel this **plan** does not meet **your** needs, **you** may cancel it without penalty. If **your** decision is to cancel, please confirm this to us in writing by letter, fax or e-mail and return **your** membership card and Certificate of Insurance within 30 days of the **date of joining** or receipt of **your plan** documents, whichever is the later. Provided **you** have not already made a **claim** under the plan, we will gladly and promptly refund the premium **you** have paid in full.

This money back guarantee applies in addition to your Cancellation Rights as set out below.

Eligibility

Eligibility is subject to **our** acceptance of the Individual Application Form.

The **plan** is available to persons (subject to age limitations specified below) of all nationalities and their **dependants** except citizens of the USA residing in the USA, those persons who are subject to exchange controls or local licensing regulations, or where cover is illegal under local legislation.

The minimum age at entry for a **planholder** is 18 years attained. In the case of an applicant being under the age of 18 years attained, a parent or guardian is required to sign the application form and will be considered to be the **planholder**.

The maximum entry age of an applicant is 74 years attained.

We reserve the right to refuse cover under the **plan** based on an Individual Application Form for whatever reason, or to provide cover under the **plan** subject to any special terms which **we** may require and which will be specified on the Certificate of Insurance.

Commencement Date

Cover under the **plan** will commence immediately upon receipt of the Individual Application Form, or on a future date specified by the applicant, subject to **our** acceptance.

We are unable to back date coverage under any circumstance. The **plan** shall continue for a period of 12 months or until the next **renewal date** or until the **plan** is cancelled or extended for whatever reason.

Premiums and **benefits** applied will be those in force at the **commencement date** of the **plan**. Any premiums due will be requested for collection.

We will notify the **planholder/insured person** of the **commencement date** in writing, within one working day from receipt of the Individual Application Form.

Paying Your Premium

1. For Yearly Premium Payment

The **plan** is an annual contract and premiums are payable yearly in advance.

Travel and Personal Accident Optional Add-on **Plan** premiums are only payable yearly in advance.

Maternity Optional Add-on Plan premiums are payable yearly or in the same frequency as **your** New UltraCare Insurance **Plan**.

Premiums are payable in Thai Baht.

Premiums are based on rates applicable to each **insured person's** attained age at the commencement of the relevant **plan year**.

Your premiums (including any applicable local taxes) must be received on or before the premium due date(s) and in the currency of **your plan**.

2. For Quarterly Premium Payment

In the first quarter, the Insured must pay premium immediately and the cover will start on the effective date as specified in the Policy Schedule.

1) Any subsequent quarterly payment must be paid within 30 days from the prior quarter due date. The Company will charge the premium via credit card as agreed upon by the Insured. If the premium is paid correctly after each quarter, the cover will continue without interruption.

2) In the case that the Company cannot collect premium via credit card for any quarter, the Company will accumulate an unpaid balance to the next quarter billing. If the Company still cannot collect such unpaid premium, the cover will automatically end on the date of the latest paid premium. However, if the Company can collect such premium, the cover will be in force continuously.

3. Monthly Premium Payment

1) In the first month, the Insured must pay two premiums immediately and the cover will start on the effective date as specified in the Policy Schedule.

2) Any subsequent monthly payment must be paid within one month from the prior month due date. The Company will charge the premium via credit card as agreed upon by the Insured. If the premium is paid correctly after each month, the cover will continue without interruption.

3) In the case that the Company cannot collect premium via credit card for any month, the Company will accumulate an unpaid balance to the next month billing. If the Company still cannot collect such unpaid premium, the cover will automatically end on the date of the latest paid premium. However, if the Company can collect such premium, the cover will be in force continuously.

Methods of Premium Payment

1. For Yearly Premium Payment

You can choose to pay by:

1. Credit Card
2. Bank draft/cheque
3. Bank transfer

Bank draft/Cheques must be denominated in the currency of **your plan**.

Bank Transfer must be denominated in the currency of **your plan**. Please ensure that **your** full name is given as the reference for **your** bank transfer.

2. For Quarterly Premium Payment

For premium payment, you can pay by:

- Credit Card

Credit Card payment must be denominated in Thai Baht

3. For Monthly Premium Payment

For premium payment, you can pay by:

- Credit Card

Credit Card payment must be denominated in Thai Baht.

Unpaid or Late Premium Payments

To enjoy the full benefit of your plan, you must ensure your premiums are paid on the premium due date. We will notify you in writing when your premium payment is outstanding. We reserve the right to cancel the plan if payment is not received within 30 days from the premium due date.

If we cancel the plan, you will have to re-apply for a new plan. Premium rates in force at the time of re-application will be charged and cover may be subject to new underwriting terms. Any rights to the No Claims Discount achieved under your previous plan will no longer apply.

IMPORTANT: Whilst premiums are outstanding all claims settlements will be suspended.

Adding or Removing your Dependants

You may add **your dependants** after the **commencement date** of **your plan**, subject to **our** acceptance. Any application to add a **dependant** must be made in writing by letter, fax or e-mail and may be made at any time during a **plan year**. Cover will start at the date that **we** receive your request, or at a future date specified by **you**. **We** will issue **you** with a revised Certificate of Insurance detailing the **date of joining** and any special terms that may apply.

You may remove a **dependant** after the **commencement date** of **your plan**, subject to **our** acceptance. **You** must make this request in writing by letter, fax or e-mail and cover will cease on the date that we receive your request, or on a future date specified by **you**, subject to **our** acceptance. **We** will issue **you** with a revised Certificate of Insurance Detailing the changes.

Premiums will be adjusted accordingly. Payment of any additional premiums applicable will be **your** responsibility. **We** are unable to back date coverage under any circumstance.

Adding your New-born Child

Adding newly-born children as **dependants** may take place during the **plan year**, subject to **our** acceptance. **We** will not apply any **moratorium** to the newly-born child's cover and the **date of joining** will be the date of birth, unless **you** specify otherwise, providing **you** make an application in writing before the **dependant/s** is/are 30 days old.

If you notify us after the dependant/s is/are 30 days old a moratorium will apply. We will not backdate cover under any circumstance.

We will issue **you** with a revised Certificate of Insurance detailing the changes and premiums will be adjusted accordingly. Payment of any additional premiums applicable will be **your** responsibility.

Transfers

If **you** wish to transfer cover from another insurer, **we** will require an original Certificate of Insurance from **your** previous insurer, which details **your** original commencement date, underwriting terms, and any special terms that may have applied. **You** will also need to complete an Individual Application Form and an Individual Declaration of Health Form. Any transfer will be subject to our acceptance and an additional premium loading.

If there is a break in cover between the expiry date of **your** previous insurance **plan** and **your** application we will be unable to offer a transfer of your previous underwriting terms. Instead, your plan will be subject to the 24 month **moratorium**.

Please note: **Our** policy terms, conditions and **benefits** may vary from those offered by other insurers.

Changing your Cover and Optional Add-on Plans

• Changing your plan type

Should **you** wish to upgrade or downgrade **your** plan type, please inform us in writing by letter, fax or e-mail and subject to **our** acceptance **we** will effect this change from **your** next **renewal** date. You cannot make these changes during a **plan year**.

- **Changing your plan currency or payment frequency**

Should **you** wish to change the currency or payment frequency of **your plan**, please inform us in writing by letter, fax or e-mail and we will effect this change from **your** next **renewal date**. You cannot make these changes during a **plan year**.

- **Changing your Area of Cover**

Should you wish to change your **area of cover**, please inform **us** in writing by letter, fax or e-mail detailing the reason behind **your** change in circumstance. **You** can make these changes at any time, during a **plan year**, subject to **our** acceptance. Once accepted, we will effect this change from the date of notification or any future date specified by **you**.

- **Changing your deductible (Excess or Co-insurance)**

Should **you** wish to change **your** deductible please inform **us** in writing by letter, fax or e-mail and **we** will effect this change from **your** next **renewal date**. You cannot make these changes during a **plan year**.

- **Adding or removing an Optional Add-on Plan**

Should **you** wish to add or remove an Optional Add-on **plan**, please inform us in writing by letter, fax or e-mail and, subject to our acceptance **we** will effect this change from **your** next **renewal date**. You cannot make these changes during a **plan year**. An Optional Add-on **plan** is only valid when **your new** UltraCare Insurance **plan** is in force.

Please note: **Our** policy terms, conditions and **benefits** may vary to those offered by other insurers.

Your premium and **benefit** limits are determined by the **Area of Cover**, and currency of **your new** UltraCare Insurance **plan**.

Renewals

You may renew **your plan** each year. Renewals will be subject to the definitions, **benefits**, General Conditions, Benefit Conditions and Benefit Exclusions of this Plan Guide in force at the time of each renewal and receipt of the renewal premium on or before the **renewal date**. **You** will be issued with terms and instructions of how to proceed with your plan renewal, at least six weeks prior to your **renewal date**.

Please note: The obligation to disclose material facts (see GC3) arises on each renewal.

Each renewal premium will be based on **you** and **your dependants'** ages at the start of the new **plan year**, the number of **dependants** insured, **area of cover**, the **plan** type and any voluntary deductible that may apply.

Renewal premiums are subject to medical inflation increases and are age banded.

If any child insured under **your plan** marries, reaches the age of 18 years, ceases being in full time education or if they are in continuous full time education but have reached the age of 25 at **your renewal date** they will no longer be eligible for cover under **your plan**.

They can apply to have their own **plan** by completing an Individual Application Form. Provided there is no break in their insurance cover their **date of joining** will remain the same as the date on which they joined your plan. Their application will be subject to the definitions, **benefits**, terms and conditions in force at the time of their transfer.

Automatic Renewal: If **you** pay **your** premiums by credit card or direct debit, **your plan** will automatically be renewed and the renewal premium will be debited from **your** credit card or nominated bank account, provided the details we hold are still valid at the time of the renewal.

If **you** do not wish to renew **your plan**, please confirm this to **us** in writing by letter, fax or e-mail prior to **your renewal date**.

No Claims Discount

While **your plan** remains **claims** free, the following No Claims Discounts will be applied to **your** renewal premiums:

- Year 0 - No Discount
- Year 1 - 10% premium discount applies
- Year 2 - 15% premium discount applies
- Year 3 - 20% premium discount applies

The maximum No Claims Discount is 20% from year 3 onwards.

During a **plan year** if any **insured person** (including **dependants**) covered under the **plan** has one or more **claims** paid, the No Claims Discount for all **insured persons** covered by the **plan** will be lost and the status of **your** discount will be as at year 0 shown above.

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If a **claim** relating to a previous **plan year** is subsequently submitted and accepted, and a No Claims Discount has already been given, we reserve the right to recover the additional premium due for the plan year for which the No Claims Discount was given.

Please note that any **claims** made against the Wellness Benefit, Maternity, Travel and the Personal Accident Optional Add-on **plans** will not affect **your** No Claims Discount. The No Claims Discount does not apply to the premiums of any add-ons **you** may have selected.

Cancellation of Cover

If **you** wish to cancel **your plan**, **you** must send a request to us in writing, by letter, fax or e-mail. **We** will cancel **your** cover on receipt of **your** instruction or on a future date specified by you. **We** are not able to backdate the cancellation date of **your plan**.

We will issue a pro-rata refund, provided no **claims** have been submitted and accepted. If a **claim** has been submitted and accepted, no refund is due.

We reserve the right to charge an administration fee of \$85 if **you** cancel **your plan**.

All membership cards and the Certificate of Insurance must be returned with immediate effect from **your plan** cancellation date.

Death

If the main **planholder** dies while covered by the **plan**, **dependants** will be offered continued cover, subject to the receipt of a signed Individual Application Form.

If the **dependants** or the estate of the **planholder** do not wish to continue cover, they must inform us in writing by letter, fax or email within four weeks, and **we** will cancel the **plan** and issue a pro-rata refund, provided no **claims** have been submitted and accepted. If a **claim** has been submitted and accepted, no refund is due.

We will request a death certificate before a refund is issued.

Conditions and Benefit Exclusions

You are covered for the benefits applicable to **your** chosen **plan**. These benefits are subject to General Conditions, Benefit Conditions and Benefit Exclusions. Please read the following carefully.

General Conditions

Our liability under this contract of insurance will be conditional upon the **planholder** and each **insured person** complying with these General Conditions and the Benefit Conditions.

The following General Conditions apply to **your new** UltraCare Insurance Plan and any additional Optional Add-on Plans in this Plan Guide.

GC1 All correspondence in relation to the **plan** and any **claims** will be sent to the main **planholder**.

GC2 The **planholder** must inform **us** immediately in writing by letter, fax or e-mail of any material change which affects information given in connection with the application for cover under the **plan**, for example:

- Change of **planholder's** or **insured person's** address/country of residence
- Change of **insured person's** name
- Change of **insured person's** occupation
- Change of **insured person's** Family Doctor details in the **country of residence**
- Change of **planholder**

We reserve the right to alter the terms, or cancel the **plan** should there be a change in circumstance as described herein.

GC3 All material facts must be disclosed to **us** by the **planholder/insured person** before **our** acceptance of the

planholder's/insured person's application. Failure to disclose all material facts and/or misrepresent any material facts may affect the **planholder's/insured person's** rights and the rights of any other **insured person** under the **plan**. A material fact is information likely to influence us in the assessment and/or acceptance of the insurance. If **you** are in any doubt as to whether the fact is material, then for **your** own protection **you** should disclose it. Please note that disclosure of **pre-existing medical conditions** will not result in the waiver of the 24 month **moratorium**.

- GC4 In the event that a **claim** is made **we** shall have full authority to obtain all information reasonably necessary to support the **claim** and shall have the right, through the **insured person's medical practitioner, specialist, consultant, physiotherapist, therapist or registered nurse** to examine the **insured person** whenever and as often as may be reasonably required for the handling of the **claim**.
- GC5 Where there is a break in cover for whatever reason, **we** reserve the right to alter the terms of the **plan** and apply any special conditions.
- GC6 The monetary limits applicable to **your plan** will be expressed in Thai Baht.
- GC7 If the **insured person's country of residence** falls within an area where **we** are required to collect **Insurance Premium Tax (IPT)** or local taxes, these will be charged in addition to the premium due under the **plan**.
- GC8 **We** reserve the right to make an administration charge for the replacement or re-issue of policy documents and/or membership cards.
- GC9 In the case of **out-patient treatment claims**, unless a direct billing facility is in place, the **planholder/insured persons** are required to have the Medical Claim Form (supplied by **us**) completed and signed by their attending **medical practitioner(s)** and returned to us with the original itemised bills and original receipts as soon as possible. In any event, this should be no later than 6 months after receiving the **treatments** for which the **planholder/insured persons** concerned are claiming.
- GC10 If a **planholder** or **insured person** makes a **claim** which is fraudulent in any respect any **benefit** paid or payable in relation to that **claim** shall be forfeited and (if appropriate) recoverable and the **planholder's** or **insured person's** cover shall be cancelled immediately from the date of the fraudulent **claim**.
- GC11 If a **claim** is covered and there is another policy or **plan** of insurance, including any reciprocal health arrangements covering any of the same **benefits our** liability will be limited to **our** rateable proportion of the **claim**.
- GC12 If **we** reject a **claim** under the **plan** for whatever reason the **planholder** or **insured person** shall be required to prove that such **claim** is covered under the **plan**.
- GC13 The **planholder/insured person** must give **us** written notification without delay of any **claim** or right of action against any third party arising out of any circumstances which gave rise to a **claim** under this **plan** and must continue to keep us informed in writing and take all steps **we** reasonably require in making a **claim** upon that other party.
- GC14 We shall be entitled to take proceedings in any **planholder's/insured person's** name for our own benefit to recover any **claim** for indemnity or damages or otherwise which relates to any **benefits** or costs paid or payable under the **plan**. **We** shall have full discretion in the conduct of any such **claim**, but we shall have no responsibility for any **claim** for uninsured losses, in respect of which the **planholder/insured person** should ensure that legal advice is taken.
- GC15 A **planholder/insured person** shall keep us informed of any settlement discussions/negotiations they may enter into with any party in respect of any cause of action which gives rights to a **claim** under this **plan**. A **planholder/insured person** shall not conclude settlement with any party without our prior written agreement.
- GC16 No legal action shall be brought by a **planholder** or an **insured person** under the **plan** prior to the expiration of 60 days after we have been furnished with proof of **claim** in accordance with the requirements. Any legal action in respect of the plan must be brought by the **planholder** or **insured person** within six years from the date the legal action accrued.
- GC17 This **plan** is governed by and shall be construed in accordance with the laws of Thailand and shall be subject to the exclusive jurisdiction of the courts of Thailand.

Benefit Conditions

- BC1 All **treatment** must be given by **medical practitioners, specialists, consultants** and **registered nurses** or **therapists**.
- BC2 **In-patient**, or **daycare treatment** or evacuation must be **pre-authorised** by **us**. Once the **insured person** has received such **pre-authorisation**, **we** will settle all covered costs directly with the **treatment** providers concerned.

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- BC3 All **in-patient, daycare treatment** and medical **emergency** evacuation costs are professionally checked and negotiated before being incurred. Should an **insured person** or their representative not **pre-authorise in-patient or daycare treatment** or an evacuation **we** will only provide **benefit** for the eligible costs we would have negotiated, had **we** become involved.
- BC4 **Hospital** accommodation cover is limited to a single en-suite room, including the provision of a **hospital** bed, meals and house-keeping.
- BC5 In the Application Form, provision is made for details of the **insured person's** family **medical practitioner/s** over the last 2 years. If **medical practitioners'** details are not provided by the **insured person**, in the event of a **claim** being made after the **commencement date** of the **plan**, by the **insured person**, which is deemed by us as being for a **pre-existing medical condition**, such **claim** will be rejected.
- BC6 If an **insured person** has purchased Area 3 cover and is a citizen of the USA, cover under section Q will be terminated automatically when the time spent in the USA exceeds 180 days continuous stay in any one **plan year**.
- BC7 If new information is received that subsequently negates a **claim** which has been previously approved, that approval may be revoked. **We** reserve the right to recover any costs incurred.
- BC8 If a local situation makes it impossible, unreasonably dangerous or impractical to enter a specific area or country **we** may be unable to arrange an **emergency** evacuation.

BC9 Elective Treatment

Should **you** elect to have **treatment** outside **your country of residence**, then provided:

1. the costs will not exceed the cost of similar **treatment** at Bumrungrad Hospital in Bangkok; and
2. you have obtained **treatment** quotations from the elected hospital and submitted this to the International Helpline for **pre-authorisation** prior to receiving **treatment** and such **pre-authorisation** has been granted;

Then cover shall apply but always subject to the Terms, Conditions and Exclusions of **your plan**. Costs in excess of the cost of similar **treatment** at Bumrungrad Hospital in Bangkok, Thailand, are not recoverable.

Notwithstanding the above, the transportation and accommodation costs to the elected hospital (other than a **pre-authorised** Emergency Evacuation) are not recoverable.

It is recommended that to enable **your treatment** to be approved **you** allow at least 5 working days between notification to the international Helpline and receipt of **treatment**.

Benefit Exclusions

Although we cover most medical conditions, the new UltraCare Insurance Plan does not cover claims arising from or connected with the following Benefit Exclusions unless specified on your Table of Benefits, in any written plan endorsement, or agreed by us in writing:

- BE1 A **pre-existing medical condition** that, within a 24 month period prior to the date of joining, or the date specified on the special terms section of **insured person's** Certificate of Insurance, has one or more of the following characteristics:

- **foreseeable,**
- **itself,**
- **insured person had signs or symptoms of,**
- **insured person sought advice for,**
- **insured person received treatment for, or**
- **to the best of the insured person's knowledge, was aware existed.**

After a period of 24 months continuous insurance under the **plan**, **pre-existing medical conditions** may become eligible for **benefit**, if the **insured person** has not:

- **experienced symptoms,**
- **sought advice,**
 - **treatment, medication, or special diet, or**
 - **treatment, medication or special diet**

in respect of such. If an **insured person** has experienced any of the above, they will be required to wait a further 24 months from the last date of **treatment** and must meet the above criteria, before being eligible to **claim benefit** for the **pre-existing medical condition** in question. This constitutes the rolling part of the **moratorium**.

- BE2 A **benefit** limit of **your plan**, as detailed on your table of **benefits**, being exceeded.
- BE3 Any **benefit** not available on **your plan**.
- BE4 A **benefit** waiting period, as detailed on your table of **benefits**, not being satisfied.
- BE5 Pregnancy, childbirth and post-natal costs whether normal or complicated.
- BE6 Travel expenses incurred for journeys from the **country of residence**, specifically made for the purpose of obtaining medical **treatment**, unless **pre-authorized** by us under the **Emergency Evacuation and Repatriation Benefit**.
- BE7 Non-**emergency** transportation, other than **medically necessary** inter-hospital ambulance transportation, unless **pre-authorized** by us under the **Emergency Evacuation and Repatriation Benefit**.
- BE8 Burial, cremation or transportation where death of an **insured person** occurs in their **home country**.
- BE9 Any journey, activity, action or pursuit undertaken against the advice of a **medical practitioner, specialist / consultant, registered nurse or therapist**.
- BE10 **Treatment** by a **medical practitioner, specialist or consultant** who is in any way related to the **insured person**.
- BE11 Alcohol, drug or any other intoxicating substance **abuse** or any addictive condition of any kind and any **medical condition** arising directly or indirectly from any such abuse or addiction.
- BE12 A **medical condition** due to an **insured person** being under the influence of alcohol, drugs or any other intoxicating substance.
- BE13 Any type of infertility **treatment**, contraception, sterilisation or fertilisation, **treatment** for sexual problems (including impotence, whatever the cause), sex changes, assisted reproduction (e.g. IVF **treatment**).
- BE14 **Treatment** of venereal and sexually transmitted diseases.
- BE15 Experimental or unproven **treatment**, unless **we** have given specific **pre-authorization**.
- BE16 Bone marrow transplants, the acquisition or search costs of an organ, **treatment** incurred as a result of the removal of a donor organ from a donor, or **treatment** for removal of an organ from an **insured person** for the purposes of transplantation into another person and any complications arising thereafter.
- BE17 Cryopreservation, implantation or re-implantation of living cells or living tissue, whether autologous or provided by a donor.
- BE18 Foetal **treatment**.
- BE19 Termination of pregnancy, **congenital abnormalities** or **birth defects**.
- BE20 Suicide, attempted suicide and/or any willful, self-inflicted **medical conditions**.
- BE21 Self-exposure to needless danger, except in an attempt to save human life.
- BE22 **Medical conditions** sustained by military, naval or air force personnel resulting from participation in any military, naval or air force operation or exercise.
- BE23 Participation in war, riots, strikes, lock-outs, civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal/criminal act, including resultant imprisonment.
- BE24 The release of weapon/s of mass destruction, (nuclear, biological or chemical) whether such involves an explosive sequence/s or not.
- BE25 Contamination from chemical, biological and nuclear materials, including waste products from the combustion of nuclear fuel.
- BE26 **Medical conditions** due to the participation in **professional sports** or use of a weapon or firearm.
- BE27 Sleep apnoea, sleep **related** breathing disorders, snoring, or insomnia.
- BE28 Learning difficulties and/or disorders, developmental problems and speech and/or voice problems.
- BE29 Cosmetic, reconstructive, or remedial disorders, whether or not for psychological reasons, and/or any complications arising thereafter, unless required as the direct result of a covered **medical condition** which occurs after the **date of joining**.
- BE30 Removal of fat from any part of the body, breast reduction or breast enlargement.

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- BE31 **Psychiatric**/psychological disorders.
- BE32 **Treatment** in a quarantine/isolation ward or unit, nursing home, hydro, spa, health farm or similar establishment.
- BE33 Preventative sight and hearing examinations.
- BE34 Myopia, hypermetropia, astigmatism, natural/non-medical degenerative sight defects, non-medical/natural degenerative hearing defects and aids to assist eye sight and hearing.
- BE35 Ear or body piercing and tattooing, and any **treatment** required following these.
- BE36 Preventative **dental** examinations, prophylaxis **treatment**, scraping, scaling, cleaning, polishing, dentures, false teeth and/or **orthodontic treatment**, and replacement crowns.
- BE37 Compulsive or addictive eating disorders and/or homesickness.
- BE38 Special diet, weight control, children's food, baby supplies, vitamin, mineral or organic supplements.
- BE39 Supplying, maintaining or fitting any external prostheses or appliance, and rental or purchase of crutches, wheelchairs or other equipment, medical or otherwise.
- BE40 Charges or fees incurred for the completion of Medical Claim Forms.
- BE41 Any **consequential loss**.
- BE42 **Treatment** after the **expiry date** of the **plan**, or after the **expiry date** of an **insured person's** cover, whichever occurs first, unless the **plan** or the **insured person's** cover has been renewed and the premium paid and the **treatment** is eligible.
- BE43 Any **treatment** relating to a **hospital** admission at the time of the **insured person's commencement date**, which was not disclosed to, and accepted by **us**.
- BE44 Any **treatment** relating to a planned **hospital** admission that the **insured person** was aware of at the **commencement date**, which was not disclosed to, and accepted by **us**.
- BE45 Medication, drugs and dressings which are not recognised by the pharmaceutical regulator in a given country or are not available without prescription from a **medical practitioner, specialist / consultant, registered nurse or therapist**.

Insuring Agreement

New UltraCare Insurance Plan

Under the terms and conditions of the **plan**, **we** will pay necessary, customary and reasonable expenses up to an overall maximum, per **insured person** per **plan** year (unless a lifetime limit is specified).

SECTION A - In-Patient and Daycare Treatment

- 1 **Accidents** and **emergencies**, intensive care and theatre costs
- 2 **Hospital** accommodation
- 3 Nursing fees, medical expenses and ancillary charges
- 4 Surgeons', **consultants**, anaesthetists', **medical practitioners** fees
- 5 Prescribed medicines and drugs
- 6 Reconstructive surgery following an **accident** or following surgery for an eligible **medical condition**
- 7 Prostheses: artificial body parts surgically implanted to form permanent parts of an **insured person's** body
- 8 MRI, PET and CT scan
- 9 X-rays, pathology, **diagnostic tests** and procedures
- 10 Oncology tests, drugs and **consultants'** fees including cover for chemotherapy and radiotherapy
- 11 Allergies: treatment of an allergic medical conditions
- 12 Physiotherapy by a registered **physiotherapist**, when referred by a **medical practitioner, consultant** or **specialist**
- 13 Parent accommodation, insured parent with an insured child under 18 years of age in **hospital**
- 14 Accidental damage to **natural teeth**
- 15 **Psychiatric treatment** up to 30 days available after 12 months continuous cover under the **plan**

SECTION B - Out-Patient Treatment

- 1 **Primary** consultations and **treatment** to include **medical practitioners'** fees, prescribed medicines, drugs and dressings
- 2 X-rays, pathology, **diagnostic tests** and **procedures**
- 3 **Specialists'** and **consultants'** fees for consultations, prescribed medicines, drugs and dressings
- 4 **Psychiatric treatment** available after 12 months continuous cover under the plan
- 5 Complementary medicine and treatment by a **therapist**, when referred by a **medical practitioner, consultant** or **specialist**. This **benefit** extends to osteopathic, chiropractic, homeopathic and acupuncture **treatment** and Chinese herbal medicine
- 6 Physiotherapy by a registered **physiotherapist**, when referred by a **medical practitioner, consultant** or **specialist**
- 7 Oncology tests, drugs and consultants' fees including cover for chemotherapy and radiotherapy
- 8 MRI, PET and CT scans
- 9 **Out-patient** surgical operations
- 10 Allergies: **treatment** of allergic **medical conditions**
- 11 **Post-hospitalisation treatment**

Excess

An excess of THB 1,800.00 per medical condition per plan year applies.

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SECTION C - Out-Patient Dental Treatment

- 1 **Treatment** for the immediate relief of **dental** pain, accidental damage to **natural teeth** and restoration of natural teeth including x-rays, fillings, extractions, root-canal **treatment**, gum **treatment**

Wait Period

This **treatment** is available after 6 months continuous cover under the **plan**

Co-Insurance

A 25% **co-insurance** will be deducted from each claim per **plan** year

SECTION D - Wellness Benefit

Routine health checks including cancer screening, cardiovascular examinations, neurological examinations, well child tests, vital sign tests (e.g. blood pressure, cholesterol checks) and vaccinations

SECTION E - Chronic Medical Conditions

- 1 Stabilisation of acute exacerbations / episodes of **chronic medical conditions**
- 2 Maintenance, routine check ups, prescribed drugs and dressings, and **palliative treatment**

Please Note:

In the event of a **chronic medical condition** being deemed terminal, cover under the Chronic Medical Conditions **benefit** will cease. **Terminal medical conditions** can only be covered under the Terminal Illness **benefit**.

SECTION F - Terminal Illness

Palliative **treatment** and **hospice** care on diagnosis of a **terminal** condition

SECTION G - Hormone Replacement Therapy

Hormone replacement therapy in respect of pre- and post-menopausal symptoms.

SECTION H - HIV/AIDS

Treatment for HIV/AIDS and related conditions

Waiting Period

This benefit is available after 4 years continuous cover under the **plan**.

SECTION I - Emergency Local Ambulance

Costs of road ambulance transport required due to an **emergency** or **medical necessity** to the nearest available and appropriate local **hospital**

SECTION J - Organ Transplant

Treatment for and in relation to an organ transplant or either: kidney, liver, heart, lung, or heart and lung, in respect of the **insured person** as recipient and not the organ donor

SECTION K - Nursing at Home

Primary care services of a **registered nurse** in the **insured person's** home immediately after, or instead of, **in-patient** or **daycare treatment**

SECTION L - Compassionate Emergency Home Visit

Costs incurred by an **insured person** for an economy class return airfare from the **country of residence** to visit a **close family member**, up to the attained age of 75 years, in the event of a **medical condition** that results in that **close family member** being placed on a **critical** list, or his/her death. Limited to one return journey per **insured person** per **plan year**.

SECTION M - Hospital Cash Benefit

Cash payment payable for each night where **treatment** is received by an **insured person** as a **non-paying patient**

SECTION N - Legal Expenses

Legal expenses incurred by an **insured person** with **our** prior written consent in pursuit of a **claim** against a third party who has caused **bodily injury** to, or the death of, an **insured person**.

Legal Expenses Benefit Exclusions

The legal expenses section does not cover claims arising from:

- BEL1 Legal expenses incurred without **our** prior agreement.
- BEL2 Any legal expenses where **we** consider the prospects of success in achieving a reasonable outcome are insufficient.
- BEL3 Any costs incurred in the pursuit of any legal action against **us**.

SECTION O - Emergency Evacuation and Repatriation

- 1 The transportation costs of an **insured person** to the nearest centre where adequate medical facilities are available. Payment of this **benefit**, including **treatment** incurred, will be subject to the **insured person** suffering from a **medical condition**; (a)** that necessitates the **insured person** being placed on a **critical** list, or, (b) for which, in **our** opinion, adequate **treatment** is not available in the country where such treatment is required and/or recovery would be substantially expedited thereby.
- 2 Economy class return airfare following an emergency medical evacuation, to **country of residence**.

Please Note:

Travelling, accommodation and economy class return airfare expenses for **pre-authorised costs of a **close business colleague**, or the **insured person's dependants**, or in the case of the **insured person** being a **dependant**, a parent or **close family member**, having to accompany the **insured person** for an emergency medical evacuation. This **benefit** will only become available under the conditions detailed in clause (a) above.

SECTION P - Repatriation of Mortal Remains

In the event of death, the costs of preparation and air transportation of the body, mortal remains or the ashes of an **insured person**, from the place of death to the **home country**, or the preparation and local burial or cremation of the mortal remains of the **insured person**, who dies outside of the **home country**.

SECTION Q - Emergency Medical Treatment Outside Area of Cover

Emergency medical **treatment** cover outside of geographic **area of cover**.

Benefit Exclusions

The New UltraCare Insurance Plan does not cover costs arising from the Benefit Exclusions listed in General Benefit Exclusions BE 1 to BE 47 on page 15 to 17.

Insuring Agreement

Maternity Optional Add-on Plan

The following additional Benefit Conditions and Benefit Exclusions apply to your Maternity Optional Add-on Plan. If you have this Optional Add-on plan, this will be detailed on your Schedule of Benefits.

This is an optional add-on benefit available to persons insured under the UltraCare Plus, Comprehensive and Select Plans. This option is not available to persons insured under UltraCare Standard Plans. This can be a valuable option, if you need it. It is specifically designed to provide you with access to the best in private maternity care provision.

Private maternity and related medical costs can be an expensive experience, even in cases of routine, normal pregnancies and childbirth. This also depends on where you are located geographically. Maternity costs can vary significantly from country to country – and even vary from city to city in the same country.

We need to accept that other factors can distort maternity costs. The slightest hint of anything other than normal, or untoward, or complicated, is directly reflected in determining the increased treatment charges you will need to contend with.

Note: Cover becomes available for **treatment** received 12 months after the inception date of **your** Optional Maternity **Plan**.

SECTION A – Normal Pregnancy and Childbirth

Delivery costs, ante-natal and post-natal checkups, examinations, and reasonable and necessary **hospital** accommodation costs and nursing charges.

Co-insurance Deduction – SECTION A

A **co-insurance** will be deducted from each **claim** submitted under Section A. **You** can choose to have a 0%, 10% or 20% **co-insurance** on the Optional Maternity Add-on Plan.

SECTION B – Complications in Pregnancy During the Ante-Natal Period

Treatment as an **in-patient** or an **out-patient** or a medical complication which arises during the ante-natal period due to a **medical condition**

SECTION C – Complications In Pregnancy During Childbirth

Treatment as an **in-patient** or an **out-patient** of an medical complication which arises during childbirth due to a **medical condition**.

SECTION D – Birth Defects and Congenital Abnormalities

Investigation and **treatment** of **birth defects** and congenital conditions, including birth trauma, provided that such become apparent in the first six (6) months from birth. **Please note:** This **benefit** is available per pregnancy for a period of twelve (12) months from the initial diagnosis date, up to the specified limit shown.

SECTION E – Termination of Pregnancy

Termination of pregnancy when **medically necessary**.

SECTION F – New-Born Accommodation

Hospital accommodation costs for a new-born child to accompany its mother while she is receiving **treatment** as an **in-patient** in a hospital for a condition covered under the Optional Maternity Plan.

SECTION G – Local Ambulance Services

Costs of road ambulance transport required due to an **emergency** or **medical necessity** to the nearest available and appropriate local **hospital**.

Benefit Conditions for Maternity (apply to individual & family plans only)

BCM1 The minimum age at entry for individual enrolment is 18 years attained.

The maximum age of entry for individual enrolment is 44 years attained. Cover will cease under the **plan** upon the **renewal date** after the age of 46 years has been attained.

Benefit Exclusions for Maternity (apply to individual & family plans only)

The Optional Maternity Add-on Plan does not cover **claims** arising from or connected with the Benefit Exclusions listed on pages 17 to 20 and the Benefit Exclusions listed below:

BEM1 **Claims for treatment** received within 12 months after **your original inception date** of the Optional Maternity Add-on Plan.

BEM2 **Birth defects or congenital abnormalities** which either parent is aware exists, suffers from, has had **treatment/medication** for, prior to the **planinception date**, or has knowledge that the **birth defect/congenital abnormality** has occurred in their immediate family.

BEM3 **Treatment** and/or surgery to birthmarks.

Insuring Agreement

Personal Accident Optional Add-on Plan Worldwide Cover

The following additional Benefit Conditions and Benefit Exclusions apply to your Personal Accident Optional Add-on Plan. If you have this Optional Add-on **plan**, this will be detailed on your Schedule of Benefits.

Note: This Optional Add-on does not include **accidents** arising from manual or hazardous occupations, dangerous, winter or professional sports, pursuits, or activities. If **your** occupation is not purely office-based or you take part in any of the above, please contact **us** with further information and **we** may then be able to advise if **we** are able to cover the increased risk.

This Optional Add-on is only available for persons aged between 5 years and 74 years, and if the underlying New UltraCare Insurance plan is in force.

The accumulation cover limit for multiple **insured persons** covered under this Optional Personal Accident Plan for any one location/any one conveyance is THB 10,000,000.

If during the **plan year**, an **insured person** sustains **bodily injury**, due to an **accident**, **we** will pay the amount shown in the Schedule if any of the following events arise:

Section A Accidental Death Benefit (ages eighteen (18) years attained and over)

Section B Accidental Death Benefit (ages five (5) to seventeen (17) years attained).

Section C Loss of sight of one eye

Section D Loss of sight of both eyes

Section E Loss of, or permanent loss of use of one or more

a) feet, hands, legs below the knee or arms below the elbow

b) legs above the knee or arms above the elbow

Section F Permanent Total Disablement

In the case of disablement which entirely prevents an **insured person** from attending any business or occupation to which the **insured person** is suited by way of education, training or experience and which lasts twelve (12) months and at expiry of that period is beyond expectation of improvement.

Benefit Conditions for Personal Accident

BCPA1 Cover is provided to managerial, clerical and administrative occupations only. If an **insured person** shall regularly engage in any occupation, sport, pastime or activity in which materially greater risk may be incurred than disclosed in connection with this **plan** without first notifying **us** and obtaining **our** written agreement to the amendment of this **plan** (subject to the payment of such additional premiums as **we** may reasonably require as the consideration for such agreement), then no **claim** shall be payable in respect of any **accident** arising therefrom.

BCPA2 **We** shall not be liable to pay compensation for more than the amount stated as the maximum accumulated limit from all sources for any one location / any one conveyance.

Benefit Exclusions for Personal Accident

The Optional Personal Accident Add-on Plan does not cover **claims** arising from or connected with BE9, BE10, BE19, BE20, BE22, BE23, BE24, BE25, BE26 (listed on pages 17 to 20) and the Benefit Exclusions listed below:

BEPA1 **Claims** directly or indirectly, occasioned by, happening through, or in consequence of, aviation, other than as a fare-paying passenger in a fully certified passenger carrying aircraft, flown in the course of licensed operation for the transportation of passengers by properly licensed crew.

BEPA2 **Claims** and/or disabilities resulting from participation in manual or hazardous occupations, dangerous sports, pursuits or activities including mountaineering and/or rock-climbing requiring the use of ropes and/or pitons, pot-holing, winter sports, canyoning, racing of any kind except on foot and **professional sports**.

Insuring Agreement

Personal Travel Optional Add-on Plan

WORLDWIDE COVER including private medical insurance cover outside of country of residence for UltraCare Planholders

The following additional Benefit Conditions and Benefit Exclusions apply to your Personal Travel Optional Add-on Plan. If you have this Optional Add-on plan, this will be detailed on your Schedule of Benefits.

This is an annual **plan**. The benefits apply per **insured person**, per **trip** made, of not more than 180 days at a time, during the **plan year**.

SECTION A – Medical Benefits

If, during a **trip**, an **insured person** incurs a **medical condition**, we will pay necessary, customary and reasonable expenses, subject to a maximum per **insured person**, per **trip** of:

- **Dental Treatment** for the immediate relief of **dental** pain up to a maximum of THB68,000 (sixty eight thousand) per trip
- If **medically necessary**, extra accommodation and travel expenses, which will allow **you** to return to **your country of residence**, if **you** cannot return as originally booked.
- Necessary, customary and reasonable **in-patient/daycare/out-patient** medical expenses
- Necessary and reasonable travel and accommodation expenses of a parent or legal-guardian having to remain with his/her insured child (under 18 years of age) due to an eligible **medical condition**.

Add Benefit Exclusions applicable to Section A – Medical Benefits

SECTION B – Loss Of Deposits, Cancellation or Curtailments

We will reimburse and **insured person**, or if applicable, the **insured person's** representative, for the loss of irrecoverable deposits, pre-payments and other charges paid or contractually due to be paid for travel and/or accommodation if a **trip** is cancelled, or curtailed as a direct result of one of the following:

1. The death, illness or injury of:
 - The **insured person**
 - The person with whom the **insured person** is travelling, or had arranged to travel
 - A **close family member**
 - A **close business colleague**
2. Jury service, attendance under subpoena as a witness in a court of law of an insured person, or of the person with whom the **insured person** is travelling, or had arranged to travel.
3. Compulsory quarantine restriction of an **insured person**, or of the person with whom the **insured person** is travelling, or had arranged to travel.
4. Listed natural disasters and similar force majeure causes which occur after a **trip** is booked.

The amount payable in respect of cancellation **claims**, will be limited to the scale of cancellation charges as defined in the booking conditions relating to the **trip**.

SECTION C – Travel Delays

We will pay the **insured person** the sum of THB3,400 (three thousand and four hundred) for the first full twelve (12) hours delay and THB3,400 (three thousand and four hundred) for each subsequent 12 (twelve) hours delay, subject to a maximum of THB10,200 (ten thousand and two hundred) per trip, due to strike/industrial action, adverse weather conditions, or mechanical breakdown, or failure of aircraft, sea vessels, train, or other licensed public transport.

SECTION D – Missed Departure, Travel Disruption

We will reimburse an **insured person** up to a maximum sum shown per **trip** in respect of additional accommodation and travel costs incurred to connect the **insured person** with his/her group, or tour, or to transport the insured person to his/her destination in the event that he/she misses the original departure due to severe weather conditions, or an accident to, or breakdown of, the licensed public transport that the **insured person** was travelling in to his/her point of departure.

SECTION E – Hijack

We will pay an **insured person** a sum of THB3,400 (three thousand and four hundred) for each full twenty four (24) hour period that the **insured person** is prevented from reaching his/her destination following the forced hijack of a conveyance on which the **insured person** is travelling, up to a maximum shown.

SECTION F – Baggage And Personal Effects

Subject to the terms and limitations of the policy, we will indemnify an **insured person** for the intrinsic value, or cost of repairs, or reissue, whichever is less, of property which during the period of insurance, is lost, damaged or stolen whilst on a trip taken, or purchased during a **trip** by the **insured person**, or sent in advance up to twenty four (24) hours prior to the **insured person's** departure date shown on the itinerary relating to the **insured person's trip** up to a maximum value of THB136,000 (one hundred and thirty six thousand) per trip, subject to a maximum of THB20,400 (twenty thousand and four hundred) for any one article, pair or set of articles:

We will pay:

1. For losses from vehicles hired or owned by the **insured person**, providing the property concerned was secured in a locked boot or glove compartment.
2. Up to THB20,400 (twenty thousand and four hundred) (in all) in respect of cameras and photo graphic equipment, telescopes and binoculars, antiques, jewellery, watches, furs and precious stones and articles made of, or containing gold, silver or other precious metals.

SECTION G – Loss Of Money

We will pay for the theft or accidental loss of cash, traveller's cheques, postal or money orders, owned or held by an **insured person**.

SECTION H – Loss Of Passport, Travel Documents

We will pay for the cost of replacing passport and/or travel documents stolen or accidentally lost, owned or held by an **insured person**.

SECTION I – Delayed Baggage

In the event of baggage being delayed or misdirected by a carrier on the outward journey for at least twelve (12) hours from the time of an **insured person's** arrival, we will reimburse up to a maximum of THB6,800 (six thousand and eight hundred) per trip for the purchase of essential toiletries and clothing.

Excess Payment

A standard amount of THB1800 (one thousand eight hundred) **excess** will be deducted from each **claim you** submit under this add-on plan. The **excess** is applied once per **claim** and allows for full cover benefit after the deduction of **excess**.

Benefit Conditions for Travel

- BCT1 We shall not be liable to pay compensation for more than the amount stated as the maximum accumulated liability from all sources and the maximum sum insured directly from the plan.
- BCT2 The maximum period for notification of a claim is 31 days after the end of a **trip**.
- BCT3 We reserve the right to relocate an **insured person** from one hospital to another and/or arrange for transportation to an alternative location in the event of an eligible medical condition. We will do this if in our opinion or that of the attending medical practitioner the **insured person** can be moved safely to that location to continue **treatment**.

Benefit Exclusions for Travel

Section A of the Optional Travel Add-on Plan does not cover claims arising from or connected with the Benefit Exclusions listed on pages 15 to 17 and the Benefit Exclusions listed below:

- BET1 **Claims** where a **trip** has been made for the specific purpose of receiving **medical treatment**.
- BET2 A **medical condition** that is **pre-existing** prior to the date of booking a **trip** or the date specified on the **insured person's** Certificate of Insurance (whichever is the later).

Sections B - I of the Optional Travel Add-on Plan do not cover **claims** arising from or connected with BE9, BE10, BE23, BE24, BE25, BE42 (listed on pages 17 to 20) and the Benefit Exclusions listed below:

- BET3 **Claims** for items more specifically **insured** elsewhere. If an **insured person** can **claim** under another policy or **plan** which provides **benefits** which are the subject of a **claim** under this **plan**, we must be notified in writing and shall not be liable for more than **our** rateable proportion of the **claim**.
- BET4 **Claims** brought against a tour operator, travel agent or carrier.
- BET5 **Claims** caused by pressure waves resulting from any aircraft or other flying object travelling at, or above the speed of sound.
- BET6 **Claims** arising from changes or fluctuations in exchange rates.
- BET7 **Claims** for any expenses you would normally incur in respect of **your trip**.
- BET8 **Claims** resulting from any person, organisation or company becoming insolvent, being unable or unwilling to fulfil any part of their obligation to you.

Sections B, D, G & H of the Optional Travel Add-on Plan do not cover **claims** arising from:

- BET10 Government regulations (other than in respect of compulsory quarantine), currency restriction or act.
- BET11 Omission or default of provider of transport or accommodation or an agent through whom the travel arrangements were made.
- BET12 Disinclination to travel or financial circumstances of an **insured person** (other than such arising from the **insured person's** loss of employment where the **insured person** has been in the same full-time employment for a minimum period of two (2) years).
- BET13 Expenses payable by the tour operator, hotel, airline or other carrier.
- BET14 Delay in commencement of holiday.
- BET15 Surcharges levied by the tour operator increasing basic brochure prices.
- BET16 Failure to notify a travel agent, tour operator or provider of transport or accommodation immediately it is found necessary to cancel the travel arrangements.
- BET17 Where an **insured person** has not checked in prior to any **trip** according to the itinerary supplied to the **insured person** relating to that **trip** and where a **claim** is not supported by a signed statement or report confirming the period of delay from the carrier (or the carriers' handling agents), the tour operator or tour operators' representative at place of departure.
- BET18 Withdrawal from service (temporary or otherwise) of an aircraft or sea vessel on the recommendation of a relevant port authority, or the Civil Aviation Authority or of any similar body.
- BET19 Strike or industrial action existing or publicly declared on or before the date the **trip** is booked.
- BET20 Arrival by an insured person at the airport or dock after check-in time (except for late arrival due to strike or industrial action or documented mechanical failure or breakdown of public transport).
- BET21 If you knew **you** would need to cancel or cut short **your trip** when purchasing this policy or booking **your trip**.

Sections F, G, H & I of the Optional Travel Add-on Plan do not cover **claims** arising from:

- BET22 Damage due to moth, vermin, wear and tear, atmospheric or climatic conditions, gradual deterioration, loss of value, mechanical or electrical breakdown or damage caused by any process of cleaning, repairing or restoring, or damage caused by leaking powder or fluid carried within an **insured person's** baggage.
- BET23 Breakage of fragile articles including china, glass or sculpture.
- BET24 Damage to sports equipment/clothing whilst in use.

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- BET25 Loss due to confiscation or detention by customs or other authority.
- BET26 Loss of, or damage to, stamps, documents, deeds, manuscripts or securities of any kind.
- BET27 Loss or damage whilst in the custody of an airline or other carrier unless reported immediately upon discovery and in the case of an airline, a Property Irregularity Report obtained.
- BET28 Loss of, or damage to, goods, samples or tools hired or held in trust by an **insured person**, but not owned by that **insured person**.
- BET29 Loss of, or damage to, jewellery or photographic equipment packed in a suitcase or other like receptacle whilst travelling.
- BET30 Loss of, or damage to, contact or corneal lenses.
- BET31 Shortages due to error, omission, exchange or depreciation in value.
- BET32 Theft or suspected theft not reported to the local police within twenty-four (24) hours of discovery of the loss and a report obtained.
- BET33 Cash not personally carried by the **insured person** on his/her person unless held in a safety deposit box or safe that is not in the **insured person's** room or apartment.
- BET34 Unattended baggage

1. How to make a claim under your plan for in-patient or daycare treatment

You must obtain **pre-authorisation** for any **in-patient** or **daycare treatment** you require.

See **your medical practitioner** in the usual way.



If **your medical practitioner** refers **you** for a **specialist** consultation for **treatment** requiring a stay in a **hospital** or clinic as an **in-patient**, or for **daycare treatment**, **you** must call the International Helpline immediately on the telephone number shown on page 4. The International Helpline is open 24 hours a day, 365 days a year. When calling the International Helpline please remember to quote **your plan** number. **You** will also need to provide your attending **medical practitioner's** name and the name and telephone number of the **hospital/clinic**.



The International Helpline will then contact **your medical practitioner** and the hospital or clinic concerned, to ensure arrangements are in place for **your treatment**.



The International Helpline will get back to **you**, confirm authorisation and the arrangements that have been put in place for **your treatment**. Unless a deductible applies to **your plan**, **you** will not be required to pay for any **treatment** as all eligible costs will be met directly with the **medical practitioner, consultant, hospital** or clinic concerned. **You** will not need to complete any Medical Claim Forms.

2. How to make a claim under your plan for emergency evacuations

We will only provide **benefit** for evacuation costs if **your medical condition** is considered an **emergency**, or if **our** International Helpline considers there are no adequate medical facilities in **your** country. This will be based on **medical necessity** and approved by **us**. **We** will only evacuate **you** within **your area of cover** which is detailed on **your** Certificate of Insurance.

In a medical **emergency**, **you** or **your** representative must contact the International Helpline on the telephone numbers shown in the **Claim** Contact Details section on Page 4.

Please note: in accordance with BC8, if a local situation makes it impossible, unreasonably dangerous or impractical to enter a specific area or country **we** may be unable to arrange an **emergency** evacuation.

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3. How to make a claim under your plan for out-patient treatment

Please note: **Out-patient treatment** is not covered under the UltraCare Standard **Plan**.

See your **medical practitioner** in the usual way.



You need not contact the International Helpline for **pre-authorisation**, but if **you** require any advice, please contact the Claims Team on the details on page 4.



You are provided with Medical Claim Forms to pass on to **your medical practitioner** for completion. **Treatment** received from a **therapist, specialist or consultant** must always be on referral from **your medical practitioner**. Medical Claim Forms can be obtained by contacting the Claims Team or the International Helpline. **You** can also download Medical Claim Forms by visiting **our** website www.interglobalpmi.com.



When **you** pay **your** bill for the **treatment you** have received, please obtain a receipt with the itemised bill and a completed Medical Claim Form. Send the original itemised bill together with the original receipt and the completed Medical Claim Form to the Claims Team at the address shown on page 4.

4. How to make a claim under your Direct Billing Facility for in-patient, daycare or out-patient treatment (only applies to corporate or group plans).

If you are part of a corporate or group **plan**, **you** may be entitled to a direct billing **claims** facility. **We** will provide **you** with a list of **hospitals** that will accept **you** on a direct billing arrangement.

When attending the **hospital** for **in-patient, daycare or out-patient treatment**, please show **your** Membership Card.

The **hospital** will then take over all the **claim** administration and the relevant **treatment** will be provided. If **pre-authorisation** for **in-patient or daycare treatment** is required, then the **hospital** administration team will gain this approval from the International Helpline.

On occasions you may need to provide payment towards a deductible applicable to **your plan**. This deductible will be shown on **your** membership card.

5. How to make a claim under your Travel Optional Add-on Plan

If **you** need to make a **claim** under Section A of **your** Travel Optional Add-on **Plan** please follow procedures 1-3 outlined above. If **you** need to make a **claim** under section B-I of **your** Optional Travel Add-on **Plan**, please contact the Claims Team on the telephone and fax numbers shown in the **Claim** Contact Details section on Page 4.

6. How to make a claim under your Personal Accident Optional Add-on Plan

If **you** need to make a **claim** under **your** Personal Accident Add-on Plan, please contact the Claims Team on the telephone or fax numbers detailed in the **Claim** Contact Details section on Page 4.

Claims Checklist

- Carry **your** membership card and assistance card at all times.
- Familiarise yourself with the cover provided under **your plan**.
- Ensure that **your dependants** or business colleagues are aware of **your** international private medical insurance arrangements.
- Contact the International Helpline if **in-patient or daycare medical treatment** is required.
- When submitting an **out-patient claim**, make sure that both **you** and the **medical practitioner** attending **you** have completed all the sections on the Medical Claim Form.
- Attach the original receipts with **your** Medical Claim Form for **out-patient treatment claims** and include the original itemised bills. (Keep copies for **your** own records.)
- Quote **your plan** number and member number in all correspondence.

Membership Cards

You will be issued a membership card with **your plan** documents. **You** should carry this card with **you** at all times and present it to the **hospital** or clinic when you go for a **pre-authorised in-patient** or **daycare treatment**. If you are a member of a group **plan** that has a direct billing facility **you** must present this card when obtaining **out-patient treatment** at a direct billing **hospital**.

Please note the following about **your** membership card:

***Your** card is not proof of identity for **hospital treatment** purposes.

***You** must produce one of the following as proof of identity: passport, driver's licence, identity card or work permit.

***Your** card is not transferable.

***Your** card is the property of the insurer and must be returned upon request if membership is terminated.

***Your** card is not a credit card or guarantee of payment.

Payment of Eligible Claims

Eligible claim payments settled directly with Treatment Providers.

All eligible **claims** will be settled in accordance with the payment instructions of the **treatment** providers detailed on the invoice.

Eligible claim payments settled directly with the insured/member.

All eligible **claims** will be settled in accordance with the recommendations outlined by **you** in section E of the Medical Claim Form.

Exchange rates

If **we** need to convert from one currency to another in respect of a **claim** payment, **we** will use an exchange rate prevailing on the date **we** assess the **claim**.

We will not be responsible for any loss **you** may incur due to exchange rate fluctuations

Payment Methods

Eligible claims payments can be issued by bank transfer in Thai Baht.

Claim Contact Details

International Help Line



Toll Free numbers from:

Thailand : 001 800 647 355

Australia : 1800 147 528

Indonesia : 001 80 364 17375

Japan : 00 531 642 084

Malaysia : 1800 802 157

USA : 1888 826 6830

To make a collect call you must first contact the telephone operator in the country you are calling from. You must then advise that you would like to make a collect call and specify the number detailed above. The operator will then connect you to International Helpline at no charge to you.

Call collect from elsewhere in the world: +64 9 356 1648 Fax: +64 9 525 1278

All incoming and outgoing calls to and from First Assistance will be recorded for monitoring and training purposes.

Claims Team

Claims Department - InterGlobal Limited

Level 14, Oracle Tower, 56 Wakefield Street, PO Box 8672, Symonds Street, Auckland, New Zealand

Phone number: +64 9 309 2119 Fax number +64 9 309 4119

E-mail: claims@interglobal-nz.biz

Queries and Complaints

It is our aim at all times to provide you with a first class standard of service. There may nevertheless be occasions when you may feel that this objective has not been achieved, or that you would like further clarification from us. In such an event please contact:

Chief Technical Officer

IAG Insurance (Thailand) Ltd.

24th Floor, Thanapoom Tower 1550 New Petchburi Road, Bangkok, 10400

Telephone: +662 207 0266 Fax: +662 207 0575

In order to assist us please quote your plan number and claim number (if applicable) with as much information as you can regarding your query, comment or complaint, as well as your full contact details.

