



International Exclusive (Individual) Table of Benefits

Coverage	Maximum Payable Limit (Baht/Person)			
	Plan 1	Plan 2	Plan 3	Plan 4
Maximum Payable Limit (per year) ⁽¹⁾	93,000,000	74,000,000	58,000,000	48,000,000
Area of Cover	Asia / Worldwide excluding USA / Worldwide (As per premium table)			
Outside area of Cover	Emergency treatment only			
Section 1: In-patient Hospitalization and Surgery				
1.1 Room and Board for a Normal Room ⁽²⁾ and an Intensive Care Unit	Single standard room	Single standard room	Single standard room	Single standard room
1.2 Miscellaneous Expenses during the Treatment in the Hospital	Covered	Covered	Covered	Covered
1.3 Day care Treatment or Procedures	Covered	Covered	Covered	Covered
1.4 Physician's Bedside Visit Fees	Covered	Covered	Covered	Covered
1.5 Surgeon's Fees	Covered	Covered	Covered	Covered
1.6 Artificial Organs/Prosthetic Organs	Covered	Covered	Covered	Covered
1.7 Organ Transplantation Benefit	Covered	Covered	Covered	Covered
1.8 Parental Accommodation Expenses Max (per day)	4,800	4,800	4,800	4,800
1.9 Cash Benefit (per day) ⁽³⁾	7,500	4,800	3,200	3,200
Section 2: Medical Treatment without Hospital Confinement (Outpatient Treatment)				
2.1 Physician's Fees	Covered	Covered	Not Covered	Not Covered
2.2 Computerized tomography, Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET) and Gait scan	Covered	Covered	Covered	Not Covered
2.3 Radiotherapy, or Chemotherapy received as an Outpatient under the supervision of a Physician.	Covered	Covered	Covered	Covered
2.4 Chiropractic, Acupuncture, Homeopathy, Osteopathy and Physical Therapy Max. (per year)	37,000	37,000	Not Covered	Not Covered
2.5 Treatment by Chinese Traditional Medicine - Max. (per visit) - Max. (per year)	1,900 20 visit	1,900 20 visit	Not Covered	Not Covered
Section 3: Health Check-up*				
Max. (per year) (No deductible)	32,000 (Available after 12 months of insurance period)	Not Covered	Not Covered	Not Covered
Section 4: Pre-existing Conditions Benefit				
Max. (per year) 1 st Year (per year)	75,000	75,000	Not Covered	Not Covered
2 nd Year (per year)	75,000	75,000		
Subsequence year (per year)	150,000 (Available after 270 days of insurance period)	150,000 (Available after 270 days of insurance period)		
Section 5: Maintenance of Non Pre-existing Chronic Conditions arising after enrolment				
Maintenance of Non Pre-existing Chronic Conditions arising after enrolment	Covered	Covered	Covered	Covered
Section 6: Oral and Maxillofacial Surgery				
Oral and Maxillofacial Surgery	Covered	Covered	Covered	Not Covered
Section 7: Emergency Assistance Service*				
Emergency Assistance Service	Covered	Covered	Covered	Covered
Section 8: Psychiatric Treatment				
Psychiatric Treatment (per year)	250,000	150,000	100,000	Not Covered
Section 9: Dental Service due to an Accident				
Dental Service due to an Accident	Covered	Covered	Covered	Covered
Section 10: Prenatal and Postnatal Complications				
Prenatal and Postnatal Complications	Covered (Available after 12 months of insurance period)	Covered (Available after 12 months of insurance period)	Covered (Available after 12 months of insurance period)	Not Covered

บริษัท แอกซ่าประกันภัย จำกัด (มหาชน)
AXA Insurance Public Company Limited

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Benefits Insuring Agreement	Maximum Payable Limit (Baht / Person)			
	Plan 1	Plan 2	Plan 3	Plan 4
Section 11: Newborn Accommodation				
Newborn Accommodation	Covered	Covered	Covered	Not Covered
Section 12: Vaccination				
Vaccination Max. (per year)	48,000 <small>(Available after 12 months of insurance period)</small>	38,000 <small>(Available after 12 months of insurance period)</small>	Not Covered	Not Covered
Section 13: Hospice and Palliative Care				
Hospice and Palliative Care Max. (whole policy period) ⁽⁴⁾	1,200,000 <small>(Available after 12 months of insurance period)</small>	960,000 <small>(Available after 12 months of insurance period)</small>	Not Covered	Not Covered
Section 14: Loss of life, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech, or Permanent Disability from Accident				
Loss of life, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech, or Permanent Disability from Accident (PA.2)	200,000	200,000	200,000	200,000
Endorsement	Maximum Payable Limit (Baht/ Person)			
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Maternity coverage*				
Maternity coverage Max. (per year) (No deductible)	440,000 <small>(Available after 280 days of insurance period)</small>	Not Covered	Not Covered	Not Covered
Dental Care coverage*				
Dental Care coverage Max. (per year)	80% of eligible expense up to 38,000	Not Covered	Not Covered	Not Covered
Optical Care coverage*				
Optical Care coverage Max. (per year) (No deductible)	9,000	Not Covered	Not Covered	Not Covered
Optional: Annual Deductible (apply to all plans)				
<input type="checkbox"/> 160,000 Baht at 25% premium discount <input type="checkbox"/> 48,000 Baht at 12.5% premium discount <input type="checkbox"/> 16,000 Baht at 5% premium discount				

Remarks:

1. Sum insured per person per year except it is stated elsewhere. This sum insured will be reduced after the company has paid claims after deductible applied or co-insurance amount has been responsible.
2. Room accommodation means a lowest cost available “single en-suite” room.
3. Cash benefit is payable for eligible in-patient Treatment only when the Covered Person receives Treatment within the Area of Cover, provided no cost for that Treatment is borne by the Company.
4. Sum insured is lifetime limit (coverage no.13) Palliative treatment benefit means the maximum sum insured during policy period from this insurance during the insured person lives.
5. The covered persons has the right to renew this policy until 80 years old subject to company’s agreement.

*Annual deductible dose not apply to the benefit.

This document is not an insurance contract. Full details are specified in the insurance policy. For more details, Please see the details of coverage and exclusion in the insurance policy.