

### ATTACHING TO AND FORMING PART OF POLICY NO. 2021-G0000542-AH1

INSURED NAME : ASSUMPTION UNIVERSITY

TABLE OF BENEFITS

ข้อตกลงคุ้มครอง (Coverage)	จำนวนเงินผลประโยชน์สูงสุด (บาท/คน) Maximum limit (Thai Baht per life) ASSUMPTION-OPD.1,000
1. ค่าใช้จ่ายการรักษาพยาบาลในโรงพยาบาล In-patient Hospitalisation & Surgery	=======================================
ท⊦patient nospitalisation & Surgery 1.1 ค่าห้อง-ค่าอาหาร และค่าการพยาบาล (ต่อวัน) ไม่เกิน 30 วัน/ครั้ง	
Room & Board and Nursing Care (Per day) (Max 30 days per disability)	2,000
ค่าห้องผู้ป่วยหนัก - ICU (ต่อวัน) ไม่เกิน 15 วัน	4 000
Intensive Care Unit (Per day) (Max 15 days per disability)	4,000
1.2 ค่าใช้จ่ายทั่วไปในโรงพยาบาล (บาท/ต่อครั้ง) รวมถึง Hospital Miscellaneous Expenses (Per disability) including	25,000
- ค่ารักษาพยาบาลแบบผู่ป่วยนอกภายใน 30 วัน หลังออกจากโรงพยาบาล	รวมอยู่ในข้อ 1.2
Post-hospitalization within 30 days	(included in 1.2)
- ค่าปรึกษาแพทย์ผู้เขี่ยวชาญพิเศษ กรณีไม่มีการผ่าตัด (ต่อครั้ง)	2,000
Specialist Consultation Fee (Non surgical case) (Per disability)	2,000
- ค่ารักษาพยาบาลแบบผู้ป่วยนอกในกรณีฉุกเฉิน ภายใน 24 ชั่วโมง ส่าหรับอุบัติเหตุเท่านั้น (ต่อครั้ง) รวมการรักษาพยาบาลต่อเนื่องหลัง เกิดอบัติเหตุภายใน 15 วัน	
Emergency Out-patient Treatment due to accident within 24 hours (Per accident) and follow-up treatment within 15 days	15,000
after accident date	*
- ค่าบริการรถพยาบาล (ต่อครั้ง)	2,000
Ambulance service (Per disability)	2,000
2. คำใช้จ่ายการรักษาโดยการผ่าตัด (ต่อครั้ง) - ตามตารางการผ่าตัด Surgical Fee with Surgical Schedule (Per disability)	30,000
- ค่าปรึกษาแพทย์ผู้เขี่ยวชาญพิเศษ กรณีมีการผ่าดัด (ต่อครั้ง) (รวมอยู่ในข้อ 2)	4000 SEGO
Specialist Consultation Fee (Surgical Case) (Per disability) (Included in 2)	2,500
3. ค่าใช้จ่ายการดูแลโดยแพทย์ (ต่อวัน) ไม่เกิน 30 วัน/ ครั้ง	700
In-Hospital Physician's Visit (Per day) (Max 30 days per disability)	100
4. ค่ารักษาพยาบาลที่ไม่ได้อยู่ในโรงพยาบาล (ค่ารักษาพยาบาลแบบผู้ป่วยนอก) ไม่เกิน 1 ครั้งต่อวัน และ 30 ครั้งต่อปี (รวมถึงค่ากายภาพปาบัด)	4 000
Out-patient Medical Expenses (Max 1 Visit per day and Max 30 Visits per year) (Include Physical Therapy)	1,000
5. การสูญเสียชีวิต สูญเสียอวัยวะ สายตา การรับฟังเสียง การพูดออกเสียง  ทุพพลภาพกาวร เนื่องจากอุบัติเหตุ	
(รวมการถูกฆาตรกรรม และการขับขี่ หรือโดยสารรถจักรยานยนต์ - เต็มหุน)	100,000
Loss of Life, Dismemberment, Loss of Sight, Loss of Hearing, Loss of Speech or Permanent Disability (PA.2)Including	100,000
Murder-Assault and driving or riding as passenger in a Motorcycle. 6. ด่าชดเชยรายวันในกรณีเข้ารับการรักษาตำในโรงพยาบาลในฐานะผู้ป่วยใน สำหรับการใช้สีเติหลักประกับสุขภาพ	
u หายตายนาเอานเขารณเอาามการกษาตากแรงพยายาเกินฐานะผูบรุษาณ สาหรบการาชลิติธหลิกบระกันสุขภาพ แต่มีได้ใช้สิทธิเรียกร้องประกันสุขภาพกลุ่มของ AXA (ในเกิน 30 วัน/ปี)	
Hospital Cash Allowance in case the insured hospitalized as in-patient and does not use AXA insurance	2,000
(Max 30 days per year)	
7. การตรวจสุขภาพ สูงสุดไม่เกิน (ต่อปี)	2,000
Health Check-up (Max Per year)	2,000



# Staff Manual for Group Accident & Health Insurance

## What are the benefits provided by the insurance cover?

- The named beneficiary will receive compensation in accordance with the sum insured stated in the policy schedule if the covered person unfortunately passes away.
- The covered person will receive compensation in accordance with the sum insured stated in the policy schedule if he/she cannot perform the normal duty in his / her regular occupation or any other occupations.
- The cover person will be reimbursed for medical expenses incurred as a result of an accident and /or sickness in accordance with the cover as specified in the policy schedule.

## What is the insuring agreement?

While this policy is in force and upon expiry of the waiting period, if the covered person incurs medical expenses as a result of an accident or sickness that does not fall under the exclusions of this insurance policy, the company will pay the covered person for medical expenses actually incurred for the covered benefits, but not exceeding the maximum benefits as specified in the policy schedule, whichever is lower.

## What are the covered benefits?

### Inpatient Benefits

Medical expenses incurred for the following items will be reimbursed to the covered person if he/she is admitted to the inpatient department of a hospital:

- Daily Hospital Room & Board
- Intensive Care Unit
- Hospital Miscellaneous Expenses: prescription drugs, ambulance charges, operating theatre consumables and other ancillary charges, charges incurred for follow-up treatment, etc.
- In-Hospital Physician's Visit
- Surgeon's Fee

# @ Emergency Out-Patient Treatment (Accident Only)



Medical expenses incurred for an emergency treatment which is performed at the emergency room of a hospital or medical clinic within 24 hours following the occurrence of an accident, including the charges for follow-up treatment up to fifteen 15 days from the date of the accident, will be reimbursed to the covered person.

# Optional Outpatient Care Benefit

Medical expenses incurred for treatment in a clinic, hospital outpatient department, or emergency room or when the covered person undergoes a procedure without the need to be accommodated in a hospital bed will be reimbursed to the covered person.



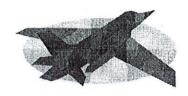




# Are there any General Conditions that we should be aware of?

### Geographical Scope

This insurance provides cover in Thailand and also for cases whereby emergency treatment is required while the covered person is outside Thailand (except for travel made expressedly for treatment outside the country) for trips not exceeding 90



consecutive days at a time. The company's liability is limited to the reasonable and customary charges for equivalent treatment in Thailand, if these are lower than the actual charges incurred abroad.

### Changes to the policy

Any changes to the wordings of the contract must be approved by the company and noted in the insurance policy or endorsement before such changes shall be valid.

#### Examination Rights

The Company has the right to medically examine a covered person who is claiming benefit under this policy and has the right to conduct an autopsy, within the limits of the law, in the case of death.

### Pre-Existing Conditions

The company will not pay any benefits for pre-existing conditions within the first two years of insurance coverage from the commencement date of the insurance contract. By pre-existing conditions, it shall mean any disease, illness or injury, symptoms and complications thereof for which the covered person was treated or knew about (or a prudent person should have been aware existed), within 5 years prior to the commencement date of the first policy.

#### Waiting Period

The policy will not cover the following sicknesses within the first 180 days from the commencement date on which the covered person is first covered under this policy.

- Hypertension, Cardiovascular Diseases
- All Tumours or Cysts
- Tonsillitis requiring surgery
- Hernias, Hemorrhoids
  - o Diabetes Mellitus
  - Cholecystitis, Cholelithiasis,
     Calculi of the Urinary Organs

## What are the exclusions that we should be aware of?

There are 2 types of exclusions.

#### General Exclusions:

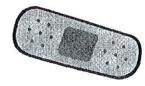
This list of exclusions applies not only to accident & health insurance but also to other classes of insurance such as property insurance, motor insurance, etc.

### Standard Exclusions for Accident & Health Insurance:

No benefits shall be payable under this policy for any one of the following occurrences and any events / medical conditions arising therefrom (whether directly or indirectly / partially or wholly):



### What are the exclusions that we should be aware of?



### 1) General Exclusions

- While the covered person is committing a felony or being arrested, or under the influence of alcohol, addictive drugs, sucide
- Nuclear weapons, radiation or radioactivity from any nuclear fuel, war, invasion, act of foreign enemy, civil war, rebellion, revolution, direct participation in riot, strike and civil commotion, popular rising against the government, insurrection or military or usurped power, or active duty in any of the armed forces.
- Treatment for any chronic symptom, condition or illness existing prior to the date of the insured's enrolment in the insurance policy.
- The use of any drugs not licensed by an official agency, including the incidence of drug overdose.

### 2) Standard Exclusions for Accident & Health Insurance

- o Any disability which commences within the "Waiting Period".
- Special Nursing needs unless as specified in the policy schedule as a cover under optional benefits, Physical therapy
- Pregnancy, childbirth, abortion, miscarriage unless as specified in the policy schedule as a cover under optional benefits
- Investigations into and treatment for infertility, contraception, assisted reproduction, sterilization, treatment of varicocele, sex change.
- Treatment arising from any geriatric, psycho-geriatric or psychiatric condition, schizophrenia, and treatment for alcohol dependence syndrome, eating and sleeping disorder such as sleep apnea.
- Organ transplants and kidney dialysis
- Any services or treatments and any drug supplies which are not related to Injury or Sickness.
- Any expenses or services which are not related to medical treatment such as telephone, television, radio, newspaper, extra meals.
- Sexually Transmitted Diseases, AIDS, and AIDS related conditions, or infection by Human Immune-Deficiency Virus (HIV)
- Racing of any kind such as car racing, boat racing and horse racing, parachuting, skydiving, traveling
  in a hot air balloon, boxing, wrestling, skiing, diving with oxygen tank and breathing equipment under
  water, bungee-jumping.
- While the covered person is traveling in an aircraft which does not operate as a commercial aircraft.
- Treatment for genetic disorders, congenital conditions, and any treatment directed towards developmental delay and/or learning disabilities in children including degenerative changes due to normal aging or premature puberty.
- Any treatment or investigation provided by Non-Hospital Nursing Care, Convalescent care including rest cure and rehabilitation centers; treatment by bed rest or for the purpose of hygiene and Experimental Medical Treatment.
- Any cosmetic surgery or treatment for beautification purposes such as treatment for acne, melasma, freckles, dandruffs, weight reduction, weight improvement, hair transplant or treatment for the correction of physical defects.
- Routine physical examination, medical check-up, any inoculations and vaccinations. Eye tests and eyesight corrective surgery, refractive errors of the eyes and hearing tests
- Any dental treatment unless as specified in the policy schedule as a cover under optional benefits
- Artificial aids such as crutches, glasses, hearing aids, speech device, heart pacemaker, cardio defibrillators or similar devices except for heart valve, skull plates, hip and knee prostheses.

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If you need treatment at a AXA network hospital Documents in case of non activate membership Card

- If you have not contacted us first and have selected a network hospital, show your membership card and ID. card or passport to the receptionist or cashier
- The hospital will then arrange for all the eligible expenses within your benefit levels to be sent to us for payment.
- If you are being admitted for inpatient treatment, the hospital will contact our help line to confirm your cover and eligibility for treatment
- On discharge you will be asked to pay for any non medical expenses or charges in excess of your benefits before you leave the hospital. The hospital will contact our help line to confirm how much we will pay and how much you should pay

If you need treatment at a non AXA network hospital

- If you attend a hospital which is not on our list, you will need to pay all the expenses yourself first
- · To obtain reimbursement, you will need to obtain documents.
- On receipt of these <u>documents</u> we will reimburse your claim within the next 14 working days

#### **Documents**

- Doctor's certificate showing diagnosis of condition treated together with an itemized medical expenses bill or Attending Physician's Report.
- Original receipt.
- Photostatted copy of your membership card.
- Copy Bank's Book for transferring claim amount (1st page)

#### Remark

- The supportive documents for claim reimbursement must be submitted within 30 days after treatment.
- Any questions or problems please contact Ms. Viparat or Ms. Dutsadee at telephone no. 02 656 8710 ext. 5104 and 5103 respectively.