



PREMIER &
PREMIER PLUS

个人和家庭的健康保险

English - Chinese Language Version

New Normal Lifestyle Series Overview



终身可再生性
Lifetime Renewability



24 小时全球紧急治疗覆盖
24 Hours Worldwide Emergency Treatment Coverage



全面医疗核保
Full Medical Underwriting



无理赔折扣
No Claim Discount Awarded



医院选择无限制超过450家医院
No Limit on Hospital Choices more than 450 hospitals



无现金治疗
Cashless Treatment



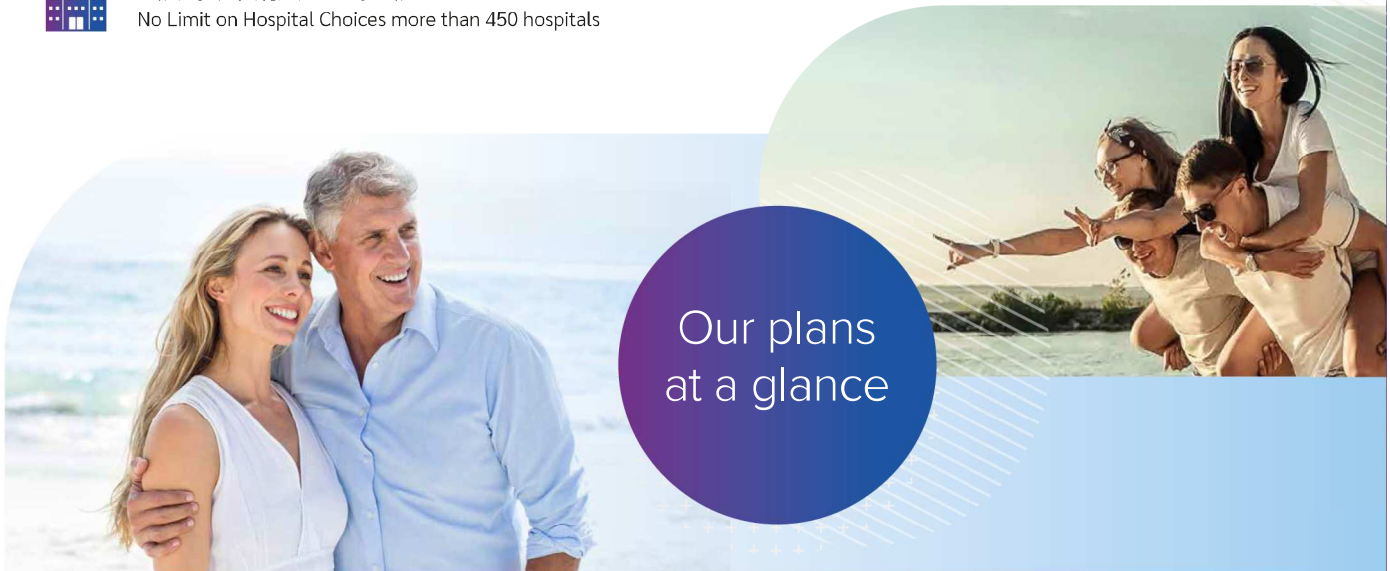
您选择的保费折扣选项
Your Choice of Premium Discount Options



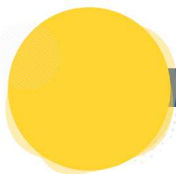
涵盖 COVID-19
Covers Covid-19



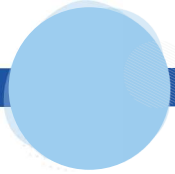
考虑不合标准健康风险
Substandard Health Risks Considered



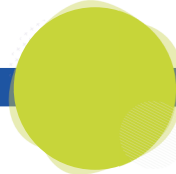
< Budget ————— Product Cost ————— Premium >



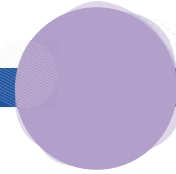
Standard Plan
Standard Plus Plan
Standard Extra Plan



Premier Plan
Premier Plus Plan

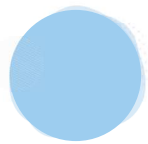


Maxima Plan
Maxima Plus Plan



Ultima Plan
Ultima Plus Plan

< Limited ————— Product Features ————— Comprehensive >



Premier & Premier Plus Plans

福利表提供了每个保险期间提供的承保范围的摘要，定义术语的含义可以在保单条款和条件的定义部分找到。福利表中的所有限额均以泰铢表示。
The benefit schedule provides a summary of the cover provided per period of insurance, the meanings of the defined terms can be found in the definitions section of the policy terms and conditions. All limits in the benefit schedule are expressed in Thai Baht.

好处 BENEFITS	PREMIER	PREMIER PLUS
住院病人每次分娩的最高赔偿金额 Maximum benefit amount for in-patient per Confinement	1,200,000	3,000,000
住院福利 INPATIENT BENEFITS		
第 1 节：每次分娩的食宿和医疗服务费（住院） Section 1: Room and Board, and Medical Service Fee(s) (Inpatient) per Confinement	每天 5,000 个（最多 45 天） 5,000 per day (maximum 45 days)	每天最多 6,000 泰铢 Maximum 6,000 Baht per day
重症监护病房 Intensive Care Inpatient Unit	每天10,000（最多 15 天） 10,000 per day (maximum 15 days)	每天最多 12,000 泰铢 Maximum 12,000 Baht per day
第 2 节：每次住院的体检或治疗的医疗费用、血液成分服务费、护理费、药物费、肠外营养费和医疗用品费。 Section 2: Medical Expense(s) for Medical Examination(s) or Medical Treatment, Blood and Blood Component Service Fee(s), Nursing Fee(s), Medicine Fee(s), Parenteral Nutrition Fee(s) and Medical Supplies Fee(s) per Confinement	200,000	300,000
第 2.1 节：体检的医疗费用 Subsection 2.1: Medical Expense(s) for Medical Examination(s)	包含在第 2 部分的医疗费用福利中 Included in Medical Expenses Benefits on Section 2	
第 2.2 节：医疗费用、血液和血液成分服务费以及护理费 Subsection 2.2: Medical Expense(s) for Medical Treatment, Blood, and Blood Component Service Fee(s), and Nursing Fee(s)		
第 2.3 节：药物费、肠外营养费和医疗用品费 Subsection 2.3: Medicine Fee(s), Parenteral Nutrition Fee(s), and Medical Supplies Fee(s)		
第 2.4 节：医药费和医疗用品 1 用于带回家的药物，最多 14 天 Subsection 2.4: Medicine Fee(s) and Medical Supplies 1 for Take Home Medicine, maximum 14 days	5,000	6,000
第 3 节：每次住院的医师 费用 Section 3: Physician's Fee(s) per Confinement	每天 2,700（最多 45 天） 2,700 per day (maximum 45 days)	
第 4 节：每次住院的手术治疗 费用 Section 4: Surgical Treatment (Surgery) and Procedure Fee(s) per Confinement	200,000	付全款 Paid in full
第 4.1 节：手术费用和手术室费用 Subsection 4.1: Operating Theater Fee(s) and Procedure Room Fee(s)	包含在第 4 节的医疗费用福利中 Included in Medical Expenses Benefit on Section 4	

好处 BENEFITS	PREMIER	PREMIER PLUS
第 4.2 节：医药费、肠外营养费、手术和医疗程序的医疗用品和设备 Subsection 4.2: Medicine Fee(s), Parenteral Nutrition Fee(s), Medical Supplies and Equipment for Surgery and Medical Procedures	包含在第 4 节的医疗费用福利中 Included in Medical Expenses Benefit on Section 4	付全款 Paid in full
第 4.3 节：医生及其助理执行手术和医疗程序所产生的费用 Subsection 4.3: Physician's Fee(s) for Physicians performing Surgery and Medical Procedures (including Assistant) (Doctor Fee(s))		
第 4.4 节：麻醉师的医生费用 Subsection 4.4: Physician's Fee(s) for Anesthetist (Doctor Fee(s))		
第 4.5 节：器官置换手术、器官移植或肝脏、心脏、肺、肾脏和骨髓的置换，包括每次住院的捐赠者费用 Subsection 4.5: Organ Replacement Surgery, Organ Transplant or Replacement of Liver, Heart, Lung, Kidneys and Bone Marrow including Donor's costs per Confinement	400,000	
第5节：无需住院的大手术（日间手术） Section 5: Major Surgery that does not require hospitalization (Day Surgery)	200,000	

未入院时的住院福利水平

INPATIENT BENEFIT LEVEL IN THE EVENT OF NON-ADMISSION AS AN INPATIENT

第 6 节：作为住院患者住院前后相关直接检查的医疗费用或因每次住院作为住院患者住院或与之相关的门诊治疗费用

Section 6: Medical Expense(s) for related direct examination before and after Hospitalization as an Inpatient or Outpatient Treatment Fee(s) which is in consequence of or in connection with Hospitalization as an Inpatient per Confinement

第 6.1 节： 作为住院患者住院前后 30 天内发生的相关直接检查的医疗费用 Subsection 6.1: Medical Expense(s) for related direct examination which occurs within 30 days before and/or after Hospitalization as an Inpatient	包含在第 2 部分或第 5 部分的医疗费用福利中 Included in Medical Expenses Benefit either on Section 2 or Section 5	
第 6.2 节： 每次出院后的治疗费用和住院费 (不包括检查医疗服务费) Subsection 6.2: Outpatient Treatment Fee(s) after Hospitalization as an Inpatient for each consequential Treatment after such discharge from the Hospital (excluding Medical Service Fee(s) for examination)	包含在第 2 部分或第 5 部分的医疗费用福利中 (30天内持续治疗) Included in Medical Expenses Benefit on either Section 2 or Section 5 (ongoing treatment within 30 days)	包含在第 2 节或第 5 节的医疗费用福利中 (90天内持续治疗) Included in Medical Expenses Benefit on either Section 2 or Section 5 (ongoing treatment within 90 days)
第 7 节： 使用门诊福利时治疗受伤的医疗费用必须在每次事故发生后 24 小时内承担，以便在 15 天内进行持续治疗 Section 7: Medical Expense(s) for Treatment of an Injury when using the Outpatient benefit must be undertaken within 24 hours of each Accident for ongoing treatment within 15 days	10,000	付全款 Paid in full
第 8 节： 每次住院的康复医疗和医药费 Section 8: Rehabilitation Medicine Fee(s) after each Hospitalization as an Inpatient per Confinement	包含在第 2 部分的医疗费用福利中(30天内持续治疗) Included in Medical Expenses Benefit on Section 2 (ongoing treatment within 30 days)	包含在第 2 节或第 5 节的医疗费用福利中(90天内持续治疗) Included in Medical Expenses Benefit on Section 2 (ongoing treatment within 90 days)

好处 BENEFITS	PREMIER	PREMIER PLUS
第 9 节： 每个保单年度通过血管通路血液透析治疗慢性肾功能衰竭的医疗费用 Section 9: Medical Expense(s) for Treatment of Chronic Renal Failure by Hemodialysis through Vascular Access per Policy Year	200,000	300,000
第 10 节： 每个保单年度通过放射疗法、介入放射学和核医学治疗肿瘤或癌症的医疗费用 Section 10: Medical Expense(s) for Treatment of Tumors or Cancers by Radiotherapy, Interventional Radiology, and Nuclear Medicine per Policy Year	付全款 Paid in Full	
第 11 节： 每个保单年度通过化疗治疗癌症的医疗费用 Section 11: Medical Expense(s) for Treatment of Cancer by Chemotherapy per Policy Year		
第 12 节： 救护车费用 Section 12: Ambulance Fee(s)	2,000	
第 13 节： 小手术的医疗费用 Section 13: Medical Expense(s) for Minor Surgery	200,000	付全款 Paid in full
医疗器械和永久性人工器官福利 MEDICAL DEVICES AND PERMANENT ARTIFICIAL ORGAN BENEFITS		
医疗器械和永久性人造器官的费用（5 年等待期） Costs of Medical Devices and Permanent Artificial Organs (5 year Waiting Period)	200,000	300,000
私人护士福利 PRIVATE NURSE BENEFIT		
住院后由医生推荐的家庭私人护士，最多 30 天 Private Nurse at Home recommended by physician after hospitalization, Limited up to 30 days	20,000	付全款 Paid in full
无专利的精神福利 INPATIENT PSYCHIATRIC BENEFITS		
作为住院病人的精神病治疗 Psychiatric Treatment as an Inpatient	不包括 Not Covered	每种疾病 30,000 / 一生 100,000 30,000 Baht / 100,000 lifetime
生育津贴 MATERNITY BENEFITS		
无适应症或医疗需要的自然分娩或计划剖腹产 Natural Delivery or Planned Caesarean Section without Indication or Medical Necessity	不包括 Not Covered	30,000
剖腹产 Caesarean Section		60,000
刮宫术、流产和宫外孕 Dilation & Curettage, Miscarriage and Ectopic Pregnancy		25,000

好处 BENEFITS	PREMIER	PREMIER PLUS
个人意外事故津贴 PERSONAL ACCIDENT BENEFITS		
因事故 (Or.Bor1) 丧生、肢解、失明、完全永久性残疾。扩展到包括驾驶或骑摩托车以及谋杀或殴打。 Loss of Life, Dismemberment, Loss of Sight, Total Permanent Disability due to Accident (Or.Bor.1). Extended to cover driving or riding on a motorcycle and murder or assault.	150,000	200,000
附加费率 145 泰铢/100,000 泰铢, 最高附加保险 Additional rate 145 baht/100,000 Baht, maximum additional coverage	5,000,000	
额外的好处 ADDITIONAL BENEFITS		
牙科治疗, 支付高达 80% (共付额 20%) Dental Treatment, pays up to 80% (co-payment 20%)	15,000 (可选的) 15,000 (optional)	
眼科检查、视力测量和一般视力检查, 支付高达 80% (共付额 20%) Eye Examination, Visual Measurement and General Vision Check, pays up to 80% (co-payment 20%)	3,500 (可选的) 3,500 (optional)	
门诊福利 OUTPATIENT BENEFITS		
门诊治疗 (包含在医疗费用和住院福利中) Outpatient Medical Treatment (maximum 1 visit per day / 30 visits per year)	2,500	3,000
医药费用和带回家的医药费用 Costs of Medicines and Medical Supplies for Take Home Medicines 与门诊医疗直接相关的诊断医疗费用 Medical Expense(s) for diagnosis directly related to Outpatient Medical Treatment	包含在门诊医疗中 Included in Outpatient Medical Treatment	
门诊理疗、针灸和脊椎按摩疗法的费用 (包括在门诊福利中) Cost of Outpatient Physiotherapy, Acupuncture and Chiropractic Treatments (included in Outpatient Benefit, maximum 30 visits per year)	每年3次 3 visits per year	每年3次 5 visits per year
ASSIST AMERICA 提供的国际援助服务 INTERNATIONAL ASSISTANCE SERVICES PROVIDED BY ASSIST AMERICA		
全球紧急援助: 每周 7 天、每天 24 小时 Worldwide Emergency Assistance: 24 Hours a Day and 7 Days a Week 紧急医疗运送 Emergency Medical Evacuation	全额赔偿 (全球撤离) Fully Indemnified (Worldwide Evacuation)	
受保人离家150公里以上且连续90天以内, 紧急医疗运送服务启动 The Emergency Medical Evacuation service shall activate while the Insured Person is travelling more than 150 kilometers away from home for less than 90 consecutive days		

折扣选项 DISCOUNT OPTIONS	PREMIER	PREMIER PLUS
门诊排除 Outpatient Exclusion	20% 折扣 20% Discount	
每个保单年度可扣除 20,000 泰铢 Deductible 20,000 baht per policy year	15% 折扣 15% Discount	
每个保单年度可扣除 40,000 泰铢 Deductible 40,000 baht per policy year	25% 折扣 25% Discount	
每个保单年度可扣除 100,000 泰铢 Deductible 100,000 baht per policy year	32.5% 折扣 32.5% Discount	
每个保单年度可扣除 200,000 泰铢 Deductible 200,000 baht per policy year	40% 折扣 40% Discount	
每个保单年度可扣除 300,000 泰铢 Deductible 300,000 baht per policy year	50% 折扣 50% Discount	
团体折扣选项 (这将提供给20岁以上的团体保险人成人, 没有家庭折扣) GROUP DISCOUNT OPTIONS (THIS WILL BE OFFERED TO GROUP INSURED ADULTS OVER 20 YEARS OLD, NO FAMILY DISCOUNT)		
5 – 10人 5 - 10 persons	10% 折扣 10% Discount	
11人以上 11 persons or more	15% 折扣 15% Discount	
家庭折扣 (对于有父亲或母亲有孩子的 1 个家庭 – 一个或多个) Family discount (For 1 family with Father or Mother with Children - one or more)	5% 折扣 5% Discount	
无索赔折扣 NO CLAIM DISCOUNT		
1年无索赔 No Claim for 1 year	10% 折扣 10% Discount	
2年无索赔 No Claim for 2 years	15% 折扣 15% Discount	
3年无索赔 No Claim for 3 years	20% 折扣 20% Discount	

备注 / Remark

1. 全额支付意味着公司将按照正常和惯例费用支付福利, 但不超过住院福利的最高限额 (每次住院)。 / Paid in Full meaning the Company will pay benefits as Normal & Customary charges, but not exceeding the maximum of Inpatient benefits (per confinement).
2. 我们不再接受独立儿童的保单, 0-4 岁的儿童有 35% 的共同支付所有医疗费用的标准。对于 0-10 岁的儿童, 前提是至少有一名专利或监护人 (法律规定的父亲或母亲或监护人)。 / We can no longer accept policies for standalone children, children age 0-4 years old have a 35% co-payment for all Medical Expenses is applied as standard. For children age 0-10 years old provided there at least one parent or guardian included (Father or Mother or Guardian by law).
3. 如果任何被保险人或受保人在保单年度内根据本保单提出索赔, 任何已取得的无索赔折扣将作废, 折扣状态将与上述第一个保单年度相同。 / If a claim is made by any insured or covered person under the Policy during a Policy year, any No Claim Discount achieved be lost and the status of the discount will be as at 1st policy year shown above.
4. 如果随后提交并接受了与上一年有关的索赔, 并且已经给予无索赔折扣。公司保留从索赔价值中扣除无索赔折扣等值货币金额的权利。任何获得的无索赔折扣都将丢失, 折扣状态将与第一个保单年度相同。 / If a claim relating to the previous year is subsequently submitted and accepted, and a No Claim Discount has already been given. The Company reserves the right to deduct the equivalent monetary amount of the No Claim Discount from the value of the claim. Any No Claim Discount achieved will be lost and the status of the discount will be as at 1st policy year.
5. 无索赔折扣只适用于基本保障的保费。针对视力或牙科保单中的任何额外福利提出索赔不会影响无索赔折扣。 / The No Claim Discount applies only to the premium in respect of the basic benefits. Claims against any additional benefits in the Policy for Vision or Dental will not affect the No Claim Discount.
6. 泰国境外的选择性治疗, 此福利仅在个案基础上允许, 不保证接受。 / Elective Treatment outside of Thailand, this benefit is permitted only on a case by case basis with no guarantee of acceptance.
7. 申请人必须是泰国居民或常住居民或在 12 个月内在泰国居住至少 6 个月。 / The applicant must be a Thai resident or reside in Thailand at least 6 months in a 12 months period.
8. 本手册中的信息仅为申请人提供的初步信息, 供申请人考虑向本公司申请健康保险, 所有投保条件均以健康保险的定义、一般定义、一般除外责任和保险协议为准 公司的政策。 / Information in this brochure is only preliminary information provided for the applicant to consider for applying for health insurance coverage from the Company, all insuring conditions shall be referred to in the Definitions, General Definitions, General Exclusions, and Insuring Agreement of the health insurance policy of the Company.
9. 投保人有义务如实投保。隐瞒真实情况或者申报虚假陈述, 可能导致保险公司解除保险合同或者拒绝支付保险合同项下的理赔费用。 / The applicant has the duty to provide true information in applying for insurance. Any concealment of truth or declaration of false statements may cause the insurance company to cancel the insurance contract or refuse to pay the claims under the insurance contract.



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