

**NSI Health Care, Bangkok  
Family Plan**

(All figures in Baht), valid for 2004

**1. Basic Hospital and Surgical Plan**

**2. Optional Hospital Benefits Expander**

	1. Basic Hospital and Surgical Plan			2. Optional Hospital Benefits Expander		
	Standard	Executive	Premier	Standard	Executive	Premier
	Pays 100% of eligible expenses up to the following limit per disability:			Pays 100% of expenses in excess of benefits of Basic Plan up to the follow. limit/disability (excl. personal accident):		
<b>Surgical expenses</b>						
Surgical's fee (per surgical schedule), max.	40,000	50,000	80,000	Up to 50% of the eligible amount payable under Basic Plan		
Anaesthetist's fee	Up to 30% of fee payable to surgeon			Up to 30% of fee payable to surgeon		
Operation theater charge	Normal and customary charge			Normal and customary charge		
<b>Hospital expenses</b>						
Room and board, nursing services per day max.	1'500, max. 45 days	3'000, max. 45 days	5'000, max. 45 days	2'000, (in excess of 45 days)	4'000, (in excess of 45 days)	6'000, (in excess of 45 days)
Intensive care, per day max.	3'000, max. 15 days	6'000, max. 15 days	10'000, max. 15 days	Normal and customary charge (in excess of 15 days)		
Miscellaneous hospital charges, max.	20,000	30,000	50,000	Normal and customary charge (incl. drugs, medicine, recovery aids, equipment etc.)		
Physician's daily hospital visit, per day max.	500	800	1,200	1'200 (in excess of 45 days)	1'500 (in excess of 45 days)	2'000 (in excess of 45 days)
Specialist's fee, max.	4,000	6,000	8,000	Normal and customary charge		
Emergency outpatient treatment, max.	4,000	6,000	10,000			
Personal accident (death/disability), max.	50,000	75,000	100,000			
<b>Disability, max. limit</b>				<b>750,000</b>	<b>1,250,000</b>	<b>2,500,000</b>

**3. Optional Outpatient Benefits**

**Option 1 (covers more than Option 2)**

**Option 2**

Benefits	Option 1 (covers more than Option 2)			Option 2		
	Standard	Executive	Premier	Standard	Executive	Premier
	Pays 80% of eligible outpatient medical expenses for all disabilities per year to the following limits:			Covers actual cost of eligible outpatient medical expenses up to the following limits:		
Consultation - in doctor's office (incl. medicine), per visit max.	300	600	1,000	500 (max. one visit/day and max. 30 visits per year)	750 (max. one visit/day and max. 30 visits per year)	1'000 (max. one visit/day and max. 30 visits per year)
Consultation with specialist, per visit max.	500	1,000	1,500	none		
Medicines prescribed for a covered disability, per year max.	8,000	12,000	20,000	none		
Laboratory, x-rays, dignostic tests (nessecary for treatment of covered disability), max. per year	3,000	5,000	10,000	1,000	1,500	2,000
Physical therapy and chiropractor treatments (recommandation by doctor needed), max. 10 per year, per treatment max.	300	500	800	none		

**Remarks**

Pre-existing conditions	not covered
Worldwide cover	yes
Dangerous sports	not covered
Age limit to apply	60
Renewal guarantee	no
Coverage of born children during policy year	newborn older than 15 days free

**Waiting periods**

Generally	4 weeks
Injuries due to covered accidents	none
HIV and related illness incl. AIDS	5 years

**Exclusions:**

- Congenital abnormalities incl. hernia up to age 8, epilepsy, srbismus and hydrocephalus.
- Pre-existing sickness or injury
- Intentional self-inflicted injury, alcoholism, drug addiction
- Routine physical examinations or health check-up
- Cosmetic surgery, eye glasses and refractions of hearing aids, dental care and treatment
- **Pregnancy, childbirth, miscarriage, abortion, pre-natal or post-natal care, contraceptive methods or treatment to infertility**
- Venereal disease, psychotic and mental disorder
- Any act of war, riot and civil commotion
- Racing, motorcycling, skydiving, schuba diving, mountain climbing, fying (except as fare paying passenger)