

Examples of Exclusions

Specific exclusions from the coverage are specified in the health insurance policy. Aetna Health Insurance reserves the right to deny claims for the exclusions described below:

- Pre-existing condition or any medical expenses for any sickness that occurs within first 30 days from the effective date of the insurance policy.
- Treatment or corrective surgery for congenital anomalies or developmental disorders.
- Medical expenses incurred for the treatment of attempted suicide or self-inflicted injury.
- Acquired Immune Deficiency Syndrome (AIDS) including any related complications or sexually transmitted diseases.
- Any unconventional or alternative medical treatment.
- Health check-ups, hospital confinement, requests for surgery, or convalescences that are not medically necessitated.
- Pregnancy, childbirth, miscarriage (unless the insuring agreement for maternity is purchased), contraception, and sterilization.
- Visual acuity, laser eye treatment, LASIK, dental treatment and aesthetics treatment for issues such as acne and blemishes.
- Sickness or diseases occurring within 120 days from the effective date of the insurance policy, including tumors or cancers, hemorrhoids, hernias, pterygium or cataracts, tonsillectomy or adenoidectomy, stones, varicose veins, endometriosis.

Remarks

- This document is not part of any insurance policy. Please refer to the general terms, conditions and exclusions in the health insurance policy.
- Policyholders should understand the general terms and conditions, as well as the exclusions before purchasing.

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Aetna Call Center 0 2232 8666 (Service 24/7 hours)

Whenever coverage provided by any insurance policy would be in violation of any United States (US), United Nations (UN) or European Union (EU) economic or trade sanctions, such coverage shall be null and void. For example, we cannot pay for healthcare services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Assets Control (OFAC) license. Learn more on the US Treasury's website at: www.treasury.gov/resource-center/sanctions.

For more details of our health insurance plans, please contact

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Health Insurance



Opal Plan

Worry free with the medical expense for any sickness and accidents

Aetna Health Insurance (Thailand) Public Company Limited



aetna.co.th

Opal plan

Worry free with the medical expenses for any injury and sickness

- Inpatient coverage of up to THB 750,000.
- Full coverage for actual medical expenses.⁽¹⁾
- Optional add-on coverage for outpatient benefits and personal accidents.
- Access to Aetna's extensive medical network of more than 450 hospitals and clinics nationwide.
- Available for purchase without life insurance.

(1) Full cover for hospital general expenses, surgeon's fees, physician's hospital visit fees and specialist's consultation fees but not exceeding the maximum benefit specified in the policy schedule.

Remark: Subject to the insurance policy/s terms and conditions.

Underwriting conditions

- Eligible for persons aged 15 days to 65 years.
- Domestic insurance coverage only.
- No medical expenses coverage in the following hospitals:
 1. Bumrungrad hospital
 2. BNH hospital
 3. Samitivej hospital (Sukhumvit, Srinakarin and China Town)
 4. Bangkok hospital (Soonvijai, Chiang Mai, Had Yai, Hua Hin, Pattaya, Phuket, Paolo hospital - prapadaeng, Ratchasima, Rayong and Samui)

Remark

- List of hospitals and clinics without coverage updated as of 1st January 2019.
- Members may obtain an updated list of Aetna's medical network at aetna.co.th or by calling Aetna's call center 0 2232 8666.
- Aetna Health Insurance reserves the right to change our medical network information without prior announcement.

Table of Benefits

Description	Benefit (THB)		
	Opal 1	Opal 2	Opal 3
Inpatient hospitalization benefits			
Maximum annual benefits	350,000	550,000	750,000
Room and board including fees for nursing services			
Non-intensive care room, maximum payable per day	2,000	3,000	4,000
Intensive Care Unit (ICU), maximum payable per day (with a maximum annual limit of 15 days)	4,000	6,000	8,000
Hospital general expenses			
Hospital general expenses	Full cover*		
Emergency accidental outpatient treatment (first visit within 24 hours after the accident and follow-up treatment within 15 days)			
Ambulance	1,000	1,000	1,000
Surgeon's fees			
Surgeon's fees including specialist's consultation fees before operation	Full cover*		
Physician's hospital visit fees			
Physician's hospital visit fees, maximum one time per day	Full cover*		
Specialist's consultation fees			
Bone marrow transplant, organ transplant, renal dialysis			
Bone marrow transplant, organ transplant, renal dialysis, maximum limit per injury or sickness**	10,000	10,000	10,000
Personal accident			
Personal accident (Or.bor.2)***	100,000	100,000	100,000
Optional benefit			
Outpatient benefits			
Outpatient benefits, maximum 1 visit per day and 30 visits per year			
- Classic	1,000		
- Plus	1,500		
- Deluxe	2,000		
Personal accident			
Personal Accident (Or.bor.2)***			
- PA 200	200,000		
- PA 400	400,000		
- PA 900 (occupation class 1 and 2 only)	900,000		

Remarks:

- *Full cover for hospital general expenses, surgeon's fees, physician's hospital visit fees and specialist's consultation fees but not exceeding the maximum benefit specified in the policy schedule.
- **The case when the insured person is treated in a hospital or medical center at any time, which include the treatment for 2 times or more due to the same causes, disease, or complication, with intervals of not more than 90 days from the most recent discharge from a hospital or medical center.
- ***Personal Accident insurance (Or.Bor.2) provides benefits in case of death, dismemberment, loss of sight, loss of hearing, loss of speech, and total permanent disability (50% of the sum assured for personal accident coverage while riding a motorcycle whether as a rider or passenger).
- Medical expenses for a medical condition occurring within 30 days from the initial effective date of the insurance policy will not be covered.
- Cost associated with tests such as PET scan, MRI, CT scan, Echocardiogram or Exercise stress test will normally be paid under outpatient benefits unless such tests have been approved in advance by Aetna, they will be paid under hospital general expenses benefits.
- Policyholders who purchase a health insurance policy before turning 60 years old and continuously renew the policy will be eligible for life time renewal. However, policyholders who purchase the policy after 60 years old will only be eligible to renew the policy till they turn 70 years old.