

Schedule of Benefits & Coverage

3D Health Excellence (HX) Rider Plan

CHUBB
Chubb Life

Coverage / Benefits	HX15	HX20	HX40	HX60	HX150	HX300
Maximum Benefit Limit per Policy Year	1,000,000	3,000,000	5,000,000	10,000,000	60,000,000	120,000,000
Maximum Benefit Limit per Policy Year in case of Critical Illness ⁽¹⁾	2,000,000	6,000,000	10,000,000	20,000,000	120,000,000	240,000,000
1. Inpatient Benefits (IPD)						
Category 1: Room and Board, Hospital Services (Inpatient) up to 365 days per policy year (ICU Room covered as actual expenses under critical condition)	1,500 As Charged	2,000 As Charged	4,000 As Charged	6,000 As Charged	15,000 As Charged	30,000 As Charged
Category 2: Medical fees for diagnosis/lab fees, nursing care fees, medication, blood/blood components, and intravenous fluid fees per policy year	As Charged					
Category 2.1: Medical fees for diagnostic investigation	As Charged					
Category 2.2: Medical fees for treatment, blood/blood components, and nursing care fees						
Category 2.3: Drug fees, intravenous fluid fees, and take-home medicine						
Category 2.4: Take-home medicine expenses (Category 1) for each IPD admission	5,000	10,000	15,000	20,000	As Charged (Max 30 days)	As Charged (Max 30 days)
Category 3: Physician's professional fees (Doctor's round) per policy year	1,500 per day	2,000 per day	4,000 per day	6,000 per day	As Charged	As Charged
Category 4: Surgical fees (Surgical procedure) and operation fees per policy year	As Charged					
Category 4.1: Operating room and procedure room fees						
Category 4.2: Medication, intravenous fluids, medical equipment, and surgical instruments						
Category 4.3: Surgical doctor fees and procedure fees (including assistant surgeon fees)						
Category 4.4: Anesthesiologist professional fees						
Category 4.5: Organ transplant surgical fees						
Category 5: Day Surgery (Major surgery without requiring overnight hospital stay)	As Charged					
2. Medical Benefits Not Requiring Inpatient Stay (OPD / Emergency)						
Category 6: Medical fees for diagnostic investigation directly related to pre- and post-hospitalization, or follow-up treatment within 30 days after discharge	As Charged					
Category 6.1: Direct diagnostic fees and other related fees within 30 days prior to or 90 days after discharge						

Remark (1): For the 10 specified Critical Illnesses, the company will double the maximum annual benefit limit starting from the policy year of

Schedule of Benefits & Coverage (Continued)

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Unit: THB

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Category 6.2: Outpatient (OPD) treatment costs within 45 days after discharge for follow-up care (excluding diagnostic OPD fees)	As Charged (Max 2 visits)	As Charged (Max 2 visits)	As Charged (Max 2 visits)	As Charged (Max 2 visits)	As Charged	As Charged
Category 7: Outpatient emergency treatment for injury due to accident within 48 hours	As Charged					
Category 8: Physical therapy fees following IPD admission per policy year	As Charged (Max 2 visits)	As Charged (Max 2 visits)	As Charged (Max 2 visits)	As Charged (Max 4 visits)	As Charged (Max 4 visits)	As Charged (Max 4 visits)
Category 9: Outpatient chronic kidney failure treatment by hemodialysis per policy year	As Charged					
Category 10: Outpatient cancer treatment by Targeted Therapy, Radiotherapy, or Nuclear Medicine per policy year						
Category 11: Outpatient cancer treatment by Chemotherapy per policy year						
Category 12: Emergency ambulance services						
Category 13: Minor surgical procedures						
3. Extended Coverage Benefits						
Category 14: Prosthetics, reconstructive surgery, and cosmetic enhancement to correct organ impairment caused by severe disease or major accident	-	-	20,000	30,000	60,000	120,000
Category 15: Mental health treatment from severe trauma, major accidents, or loss of daily functioning abilities	-	-	10,000	15,000	30,000	60,000
Category 16: Home nursing care following severe disease or major accident causing loss of daily functioning abilities (Max 15 days per policy year)	-	-	1,000 per day	1,500 per day	3,000 per day	5,000 per day
Category 17: Oocyte or sperm cryopreservation for cancer patients undergoing chemotherapy/radiation treatment per lifetime	-	-	100,000	100,000	300,000	300,000
Category 18: Oral and maxillofacial surgery per policy year	-	-	20,000	30,000	75,000	150,000
Category 19: Group 1 - Pregnancy, Childbirth, and Pregnancy Complications⁽²⁾						
1.1 Pregnancy, prenatal care, and childbirth fees per pregnancy per policy year	-	-	-	-	100,000	300,000
1.2 Pregnancy complications per pregnancy per policy year	-	-	-	-	1,000,000	3,000,000
Group 2 - Assisted Reproductive Technologies (1 time per lifetime)	-	-	-	-	100,000	300,000
Group 3 - Hormone Replacement Therapy per lifetime	-	-	-	-	100,000	300,000