



# LMG Pacific Healthcare

## **BRINGS YOU THE 'MEGA' SERIES FOR HEALTH INSURANCE**

### **Two Medical Insurance Schemes that are**

- Easy to understand
- Easy to buy
- Easy to use

#### **Features:**

1. Broad and Flexible Local and International Health Insurance Benefits:  
(To Baht 20,000,000.-/disability)
2. Competitive Premiums
3. Guaranteed Renewability - regardless of age or medical condition
4. Your choice of medical care providers locally or worldwide
5. Substandard Risks Considered
6. Sports Coverage

LMG Pacific Healthcare  
12<sup>th</sup> Floor Liberty Square, 287 Silom Road, Bangkok 10500  
Tel (662) 6311582-4 Fax (662) 6311580  
E-mail: sales@lmgpacific.com Website : www.lmgpacific.com  
**Underwritten by LMG Insurance Company Limited**

<b>YOUR WORLDWIDE BENEFITS (ALL IN BAHT)</b>	<b>Maxi Care</b>	<b>Ultra Care</b>
Maximum Coverage for any one disability (or series of disabilities arising from one event)	5,000,000.-	20,000,000.-
Life time limit	20,000,000.-	80,000,000.-
DEDUCTIBLE (See Premium table for deductible options of 40,000/100,000 or 200,000)	OPTIONAL	OPTIONAL
SUBSTANDARD RISKS	Considered on application	Considered on application
SPORTS COVER (for recreational sports, incl. Skiing & SCUBA)	Yes	Yes
GUARANTEED RENEWABILITY (premium subject to change)	Life time	Life time

## HOSPITAL, OUTPATIENT & EMERGENCY MEDICAL

	<b>Maxi Care</b>	<b>Ultra Care</b>
Covers normal, usual and customary charges for:		
<b>Room and Board</b>	Semi Private or 8,000/day	Private or 16,000/day
<b>Operating Theatre</b>	100%	100%
<b>Surgeon's Fee:</b> includes pre-surgical assessment and normal post-surgical care in the treatment country for each disability	100%	100%
<b>Organ Transplant:</b> fees for kidney, heart/lung, liver and bone marrow transplants (benefits may include costs for donor) to a total of	1,000,000.-	2,000,000.-
Anaesthetist's Fee	100%	100%
<b>Private Nurse Fee:</b> when certified necessary by the attending physician (at home for up to 30 days immediately after hospitalization)	100%	100%
<b>Maternity Benefit:</b> all inclusive limit per pregnancy - Subject to a 12 months waiting period in 1 <sup>st</sup> policy year. (90 days for miscarriage or "Dilation and Curettage")	Surgical delivery 100,000.- Normal delivery 60,000.-	Surgical delivery 150,000.- Normal delivery 90,000.-
<b>Inpatient psychiatric/mental disorders:</b> - Limit per disability - Limit per life time	D & C 20,000 50,000.- 200,000.-	D & C 40,000 100,000.- 400,000.-
<b>Miscellaneous Inpatient Charges:</b> for required Diagnostic Laboratory Fee; X-rays; Professional Fees; Prescribed Medicines; Blood and Plasma; Wheel Chair Rentals; Surgical Appliances, Devices, Standard Prosthetics (as approved by Company)	100%	100%
<b>Intensive Care Unit, and Coronary Care Unit</b>	100%	100%
<b>Outpatient Benefit:</b> Physician and Specialists' Fees for office visits; Physiotherapist, Chiropractor, and Acupuncturist when referred by the attending physician; and for required Diagnostic Laboratory Fees, X-rays, Prescribed Medicines, Outpatient Surgery, Surgical Appliances, Dressings, Chemotherapy, and Radiation	100%	100%
<b>Emergency Room Charges</b>	100%	100%
<b>Emergency Local Ambulance Service</b>	100%	100%
<b>World-wide Emergency Assistance:</b> 24 hours a Day and 7 Days a Week	100%	100%
<b>Emergency Medical Evacuation</b>	1,000,000.-	1,000,000.-

- Note:
- Overseas Financial payment direct to providers can be arranged where claims exceed Baht 100,000.
  - All Children born during a policy year are covered free of charge for the duration of the policy year excepting "well care" and outpatient treatment subject otherwise to Terms & Conditions of Policy.

## ADDITIONAL BENEFIT PLANS

Covers normal, usual and customary charges for eligible expenses	Maxi Care	Ultra Care
Dental Benefit: pays 80% to	80,000/ (optional)	80,000/ (included)
Vision Benefit: pays 80% of eye exams and prescription lens annually for each insured	20,000/ (optional)	20,000/ (included)
Personal Accident Benefit: Covers loss of life, loss of one or both hands or feet, loss of vision in one or both eyes, or permanent and total disability caused directly and solely by accident (child benefit limits are Baht 100,000.-) - Additional rate 1.50/1,000.-	200,000 to Additional 20,000,000 (optional)	400,000 (included) Additional 20,000,000 (optional)
Annual Travel Benefit: covers the following annual eligible expenses worldwide when travelling outside your country of residence on trips lasting up to 60 days <b>Medical Expenses</b> - covers illness or injury including Emergency Evacuation (to Baht 1,000,000) with a maximum of Baht 12,000 per day for hospital room and board which is doubled when room fee also includes all professional services. “ <b>Get You Home</b> ” Benefit - covers the additional cost of your own travel accommodation necessarily incurred as a result of a covered disability to get you back home, (additional cost of travel for family member or business associate limited to Baht 50,000) <b>Baggage Loss</b> - covers up to Baht 10,000 per item, pair or set limit per year. <b>Baggage Delay</b> - covers purchase of essential clothing and toiletries if your checked baggage is delayed on arrival at your destination for over 12 hours. <b>Personal money</b> - covers burglary and armed robbery of cash, bank notes and traveler’s checks to a limit of <b>Hospital Cash Income</b> - pays Baht 1,200 per day for each 24 hours you are hospitalized. <b>Strikes &amp; Hijack</b> - pays Baht 1,000 per day for 12+ hour delays. <b>Personal Liability</b> (excluding vehicle liability) limit per year.	(Optional)  2,000,000.-   20,000.-  50,000.-  20,000.- 18,000/confinement 100,000.- 5,000,000.-	(Included)  2,000,000.-   20,000.-  50,000.-  20,000.- 18,000/confinement 100,000.- 5,000,000.-

### DISCOUNT OPTIONS

Outpatient Exclusion	20% discount	20% discount
40,000 Deductible Option (you pay the first Baht 40,000)	25% discount	25% discount
100,000 Deductible Option (you pay the first Baht 100,000)	32.5% discount	32.5% discount
200,000 Deductible Option (you pay the first Baht 200,000)	40% discount	40% discount
Treatment Area Limit (excludes treatment in North America, Japan, Hong Kong, EU Country and Switzerland)	20% discount	20% discount

### PREMIUMS (BAHT)

AGE BAND	0-4	5-18	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65
<b>Maxi CARE</b>	29,000	21,500	32,000	37,000	40,000	44,000	50,400	57,500	63,000	71,500	88,500
<b>Ultra CARE</b>	36,200	37,500	54,000	60,000	65,000	73,500	77,000	88,500	94,500	112,000	132,000

### BENEFIT PLAN

Dental Plan	5,000	13,000	13,000	14,000	14,000	15,000	15,000	16,000	17,000	18,500	20,000
Vision Plan	3,000	3,000	3,000	4,000	4,000	4,000	4,000	4,000	4,000	5,000	6,000
Travel Plan	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500

Note:	1. The above premiums are subject to 3.15% tax and stamp duty.				2. For ages 66 and above, quotation will be provided upon request.			
	3. Group discount		■ 5-10 adults 10%	■ 11-20 adults 15%	■ 21 or more adults 20%			

## MEDICAL PLAN APPLICATION

Name of Policy Holder.....  
 Residential Address..... Mailing Address.....  
 Contact Nos: Home Tel..... Mobile..... Office Tel..... Fax.....  
 E-mail..... E-mail.....

Insured(s)	Date of Birth	Policy Holder Relationship	PREMIUM CALCULATION					Additional Personal Acciødent	Additional "P.A." Premium (6)
			MAXI CARE (1)	ULTRA CARE (2)	Dental (3)	Vision (4)	Travel (5)		
1.									
2.									
3.									
4.									
5.									
6.									
7.									
		<b>Total</b>							

(Note: Maximum "PA" for children is ₱ 500,000 to age 18) Total (Column 1-5) \_\_\_\_\_  
 Required ( ) Not Required ( ) ( ) 25% ₱ 40,000.- ( ) 32.5% ₱ 100,000.- ( ) 40% ₱ 200,000.- \_\_\_\_\_  
 Outpatient Required ( ) Not Required ( ) \_\_\_\_\_  
 Treatment Area Limitation Less: Deductible discount \_\_\_\_\_  
 (Tick one please) Less: Treatment area limitation Discount 20% \_\_\_\_\_  
 Semi Annual Payment (x 54%)..... Add: Premium for Column 6 (PA) \_\_\_\_\_  
 Subtotal \_\_\_\_\_  
 Add: tax + stamp duty 3.15% \_\_\_\_\_  
 Total premium + tax + stamp \_\_\_\_\_  
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### MEDICAL QUESTIONNAIRE

Kindly answer the questions below in respect of each proposed insured for each "Yes" answer please provide all necessary details including hospital and doctor/surgeon's name/address/phone/fax, condition, nature/date of treatment, current status, and other relevant information.

- |   | YES | NO  |
|---|-----|-----|
| 1. a) Are you currently covered by any medical policy? (Include a copy of the policy and benefit schedule)  | ( ) | ( ) |
| b) Has any medical or life insurance application been declined, rated, restricted, or cancelled?  | ( ) | ( ) |
| c) Are you currently applying for health, life or accident insurance with any other company?  | ( ) | ( ) |
| 2. In the past 5 years have you had symptoms of or been diagnosed or treated for any of the following:  |     |     |
| a) speech defect, hearing loss, sight loss, congenital or chronic condition or illness related to your sight, hearing, or speech?   | ( ) | ( ) |
| b) respiratory or allergic condition or disorder of the eyes, ears, nose or throat  | ( ) | ( ) |
| c) psychiatric or mental disorder, fainting, blackout, mood change, drug alcohol addiction, seizure or epilepsy?  | ( ) | ( ) |
| d) high blood pressure/hypertension, chest pain, cholesterol problem, dizziness, lung, heart or circulatory disorder?   | ( ) | ( ) |
| e) gall/kidney stone, venereal disease, or disorder of the bladder, prostate, kidney or genito-urinary tract?   | ( ) | ( ) |
| f) ulcer, hemorrhoid, colitis or stomach, liver or bowel disorders?   | ( ) | ( ) |
| g) sciatica, back pain, joint pain or rheumatic, arthritis, muscle, joint or bone disease or condition?   | ( ) | ( ) |
| h) HIV, AIDS, AIDS Related Complex, or any blood or immune system disease or condition?   | ( ) | ( ) |
| i) skin, hormone, gland disease or condition, diabetes?   | ( ) | ( ) |
| j) injury, illness, disease, or birth defect, or condition other than as noted above?   | ( ) | ( ) |
| 3. Within the past 7 years have you had cancer, tumor or cyst, or been treated for suspected cancer or tumor?   | ( ) | ( ) |
| 4. Are you currently taking or have any medications or treatments been recommended or prescribed? (list with dosage)  | ( ) | ( ) |
| 5. Have you been a patient in a hospital, clinic or sanitarium in the past 5 years?   | ( ) | ( ) |
| FOR WOMEN ONLY:- Have you in the past 5 years had breast disorder, disease of uterus, ovaries, tubes or cervix, menstruation disorder, gynecological disorder or pregnancy-related disease or complication? | ( ) | ( ) |
| 6. Have you been advised to have any medical test or procedure other than as noted above?   | ( ) | ( ) |

When you answered "Yes" to any of the questions on the above or above page of this form please give details in the space below or on additional paper as required.

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.....  
.....  
.....  
.....  
.....

I hereby apply for insurance designated above. I hereby further state that all information provided herein is accurate and complete in respect of all proposed insureds to the best of my knowledge and belief. I further understand that the premiums quoted above, or elsewhere, unless otherwise advised by LMG Pacific Healthcare, are quoted in respect of me and my family being resident in Thailand.

Policy Holder's Signature..... Date:..... Agent:.....

Send completed Medical Plan Application and payment to:-

LMG Pacific Healthcare  
12<sup>th</sup> Floor Liberty Square, 287 Silom Road, Bangkok 10500  
Tel (662) 6311582-4 Fax (662) 6311580  
E-mail: sales@lmgpacific.com  
Website : www.lmgpacific.com

I hereby give my permission to LMG Pacific Healthcare. or their duly appointed agents to make any inquiry into details of my and my family's health, and I kindly request that any doctor, specialist, clinic, hospital or other insurance company assist LMG Pacific Healthcare, in their enquiries thereof.

Policy Holder Signature:.....

<p>WARNING By Insurance Department, Ministry of Commerce The applicant must truthfully answer all questions. Any concealment or misrepresentation of the truth may result in the insurance Company refusing to honour insurance claims, as per clause 865 of the Civil and Commercial Code. If you have any queries regarding this insurance Policy, please contact the Office of the Insurance Commissioner.</p>	<p>Broker/Agent Name/Code: <b>Kanjana Chungkasemsook</b> ใบอนุญาตเลขที่ <u>016623000BK</u> เบอร์โทรศัพท์ติดต่อ <b>081 837 9797</b></p>
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## GENERAL INFORMATION

**Coordination of Benefits: Benefits when combined cannot exceed the respective limit per disability or limit per life time.**

**Eligible Persons:** Shall include all specified employees of the Policy Holder if the Policy Holder is a definable group, or all immediate family members of the Policy Holder if the Policy Holder is a person of legal age & competence.

**Exclusions:** Medical plans do not cover care, treatment, services or supplies for claims arising out of.:

- Pre-existing conditions not declared to and accepted by the company;
- Which the insured is entitled to indemnity from a third party or other benefit plan;
- Contraceptive devices; treatment for impotence or infertility (Including artificial Insemination, in-vitro-fertilization, embryo transfer);
- Amounts in excess of normal, usual and customary charges for the geographical area where incurred;
- Vaccinations, non-prescription medicine or vitamins;
- Custodial or maintenance care as determined unnecessary by the company, counseling and routine medical check up (including dental, vision and hearing.)
- Conditions due to war or any act of war, riot, civil commotion or participating in any criminal act;
- Organized league or professional sports unless declared to an accepted by the company
- Self-inflicted injury, suicide, abuse of alcohol or drugs, drug addiction or sexually transmitted disease;
- Elective cosmetic or reconstructive surgery;
- AIDS, AIDS RELATED Complex, or Human Immunodeficiency Virus (HIV) and related illness;
- Services rendered outside the Area of Cover, and,
- Charges for obtaining medical documentation.
- Participating in any of the following hazardous avocations or avocations of similar risk; racing of any kind except foot racing, motorcycling (except for daily transportation on paved road), skydiving, hang gliding, flying (other than as a fare paying passenger on a duly licensed commercial aircraft), cave or climbing with ropes or other equipment, bungee jumping, non-sport diving, SCUBA diving not under the supervision of a NAVI or PADI approved dive master or instructor or to depth greater than 30 meters, or hiking above 5,000 meters.

**14 Day Free Look:** You may return your policy within fourteen days after receipt for a full refund if you are unsatisfied for ANY reason.

**FREE New Born Child Coverage:** A child of an insured is eligible for the same basic medical plan as the insured 15 days after the later of the date of birth or the date of discharge from hospital on application to the company, Please note that “well care” is not covered.

**Maternity: Expenses are covered where applicable after 12 months waiting period. Miscarriage and “D+C” are covered after 90 days.**

**Thai Residence:** The premiums quoted unless specified to the contrary are for residents of Thailand. If you move from Thailand, you must advise the company for its consideration.

**Occupational Class:** Personal Accident cover is based on the hazard class associated with an occupation or avocation. Class 1: very light hazards (professionals/administrators); Class 2: non-hazardous manual labor and Class hazardous occupations. Class 3's are quoted on request and Class 4's have no cover.

**For Avocations:** Please request information on coverage availability.

**Pre-existing Condition:** Any medical condition which presents signs or symptoms that would cause a reasonable person to seek diagnosis, care or treatment, or for which diagnosis, care or treatment was given in the 5 years before the policy effective date. Dental Pre-existing conditions are those requiring treatment as of the first dental-exam after the policy effective date.

**Premium:** Are based on the insured's age on the first day of the policy year; the rate table in effect on the premium due date; and residence, family status and other factors which effect the cost of insurance. Premiums may be based on claims experience and renewal premiums may be subject to adjustment. Policies renew automatically upon payment of renewal premium, and provided the insured remains a resident of Thailand (or other agreed location).

**Treatment Area Limit:** You may wish to restrict your coverage to exclude certain countries. To the extent you do this, you may be entitled to discount.

**Waiting period:** Benefits are not paid for sickness during the first 30 days of coverage, benefits for injuries due to covered accidents occurring wholly after the effective date are covered immediately.