

Group Insurance Tokio Special Care 20+

Employees Benefit for Valuable People



How Tokio Special Care 20+ Made Easy?

- + Variety of Insurance Plans for valuable people of your organization.
- + Applicable for group of 20 employees and above.
- + Eligible to extent coverage for dependent under compulsory scheme.
- + Easier access to coverage and service by TMLTH Group Moblie Application.
- + More than 1,000 TMLTH network provider*.
- + Maximum Age 65 years old.

As the first insurance company in Japan which was established in the year 1879, **TOKIO MARINE** has grown over the decades. Tokio Marine ranks as one of the world's most globally diversified and financially secure insurance groups. With a presence in 57 countries and we are continuously expanding and offering an extensive selection of general, life and medical insurance products and solutions.



*Scan here for Hospital network and Clinic Provider for Corporate Business

Tokio Special Care20+

For small and medium sized organization with 20 - 30 employees

	Coverage	Benefits	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6	
	Group Term Life	Loss of Life by sickness or accident	100,000	200,000	300,000	400,000	500,000	600,000	
A	Group Accidental Benefit (GAD4)	Loss of Life by Accident in General	100,000	200,000	300,000	400,000	500,000	600,000	
		Loss of Life due to Public Accident	200,000	400,000	600,000	800,000	1,000,000	1,200,000	
		Permanent Total Disability occurs consecutively 180 days	100,000	200,000	300,000	400,000	500,000	600,000	
		Loss of Both Hands or Both Feet or Sight of Both Eyes	100,000	200,000	300,000	400,000	500,000	600,000	
		Loss of One Hand and One Foot Loss of One Hand or One Foot and Sight of One eye	100,000	200,000	300,000	400,000	500,000	600,000	
		Loss of one arm, cut at the shoulder	75,000	150,000	225,000	300,000	375,000	450,000	
		Loss of one arm, cut at the elbow	65,000	130,000	195,000	260,000	325,000	390,000	
		Loss of one leg, cut at the upper thigh	75,000	150,000	225,000	300,000	375,000	450,000	
		Loss of one leg, cut at the knee	65,000	130,000	195,000	260,000	325,000	390,000	
		Loss of One Hand or One Foot or Sight of One Eye	60,000	120,000	180,000	240,000	300,000	360,000	
		Loss of Hearing or Speech	50,000	100,000	150,000	200,000	250,000	300,000	
		Loss of Hearing in One Ear	15,000	30,000	45,000	60,000	75,000	90,000	
		Loss of Thumb (Both Joints)	25,000	50,000	75,000	100,000	125,000	150,000	
		Loss of Thumb (One Joint)	10,000	20,000	30,000	40,000	50,000	60,000	
		Loss of an Index Finger (Three Joints)	10,000	20,000	30,000	40,000	50,000	60,000	
		Loss of an Index Finger (Two Joints)	8,000	16,000	24,000	32,000	40,000	48,000	
		Loss of an Index Finger (One Joint)	4,000	8,000	12,000	16,000	20,000	24,000	
		Loss of Two Joints of a Finger (not Thumb or Index)	5,000	10,000	15,000	20,000	25,000	30,000	
		Loss of One Great Toe	5,000	10,000	15,000	20,000	25,000	30,000	
		Loss of One Toe not less than One Joint	1,000	2,000	3,000	4,000	5,000	6,000	
		Loss of Life due to Murder, Assault, Strike, Riot and Civil Commotions							
		Group Permanent Total Disability	Permanent Total Disability by an accident or sickness Occur Consecutively and Continuously At least 180 days	100,000	200,000	300,000	400,000	500,000	600,000
	Member 20-30 persons Annual Premium / Employee / Insured		507	1,014	1,521	2,028	2,535	3,042	
	B	Group Hospitalization and Surgical Benefit	Daily Room and Board (Max. 50 days per disability)	1,200	1,500	2,000	2,500	3,000	3,500
Intensive Care Unit (Max. 7 days per disability)			2,400	3,000	4,000	5,000	6,000	7,000	
Other medical expenses (Max. per disability)			25,000	31,000	41,000	51,000	61,000	71,000	
Including Ambulance fee			1,200	1,500	2,000	2,500	3,000	3,500	
Including OPD follow up within 31 days after discharging from hospital									
Surgical Expense (Max. per disability / Actual Payment)			25,000	31,000	41,000	51,000	61,000	71,000	
Doctor's visit fee (Max. 50 days per disability)			800	900	1,200	1,450	1,700	2,000	
Specialist's consultant fee (Max. per disability)			5,000	6,500	7,500	8,500	9,500	10,000	
Emergency accident out-patient treatment (within 72 hours including following treatment within 31 days)			5,000	6,500	7,500	8,500	9,500	10,000	
Pre and Post Hospital Consultation Fee and Diagnosis Expense (per disability)			700	800	1,000	1,200	1,500	2,000	
Daily Hospital Benefit for medical expense of IPD has been paid by other welfares instead of Group Insurance									
In the event of the injury or sickness and being treated as the In-patient in hospital, total medical expense has been paid by other welfares and no any claim payment from this policy, Daily compensation similar to Room & Board will be provided									
Daily Hospital Benefit (Max 50 Days per each sickness / Injury)		1,200	1,500	2,000	2,500	3,000	3,500		
Member 20-30 persons Annual In-Patient Premium / Employee , Dependent / Insured		2,568	2,933	3,934	4,935	5,937	6,981		
Optional Benefit [C1 or C2]			PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6	
C1	Out-patient or Clinical Benefit	Out-patient or clinical benefit (1 time per day and totally not more than 30 times per year)	1,000	1,500	2,000	2,500	3,000	3,500	
		Member 20-30 persons Annual Out-Patient Premium / Employee , Dependent / Insured	4,429	6,644	8,858	11,074	13,289	15,504	
C2	Out-patient or Clinical Benefit	Out-patient or clinical benefit (1 time per day and totally not more than 30 times per year)	1,000	1,500	2,000	2,500	3,000	3,500	
		X- ray test and Lab test of Out-patient benefit (Max per year)	3,000	4,500	6,000	7,500	9,000	10,500	
	Member 20-30 persons Annual Out-Patient Premium / Employee , Dependent / Insured	4,738	7,107	9,476	11,846	14,215	16,585		
Optional Benefit			PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6	
D	Dental Treatment Benefit	Extraction, Filling, Scalling and Examination and Root Canal Treatment (Max. per year)	2,000	2,500	3,000	3,500	4,000	5,000	
	Member 20-30 persons Annual Dental Premium / Insured / Employee , Dependent / Insured		1,387	1,734	1,793	2,092	2,199	2,603	

Optional Benefit			Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
E	Group Critical Illness Rider Benefit	Loss of Life due to illness or sickness from 44 Critical illness Diseases	100,000	200,000	300,000	400,000	500,000	600,000
	Member 20-30 persons Annual GCI Premium / Employee / Insured		702	1,404	2,106	2,808	3,510	4,212

Waiting Period

- Group 44 Critical illnesses shall NOT be payable for any Critical illness other than a diagnosis of Critical illness as defined in the contract nor shall it cover and Critical illness, the symptoms of which first occurred prior to the effective date of Insured and within 60 / 90 days following to the effective of each insured member.

Daily Hospital Benefit for medical expense of IPD has been paid by other welfares, In case injury or illness

- For being entitled to get Compensation Hospital Benefit subject to Inpatient Benefit, total medical expenses must be paid by other welfares only such as Social Security Fund, organization, Provident fund, Government Semi-government organization, National Health Security, Compulsory third party, Personal Health Insurance including other same types of welfare before payment from this policy.

Exclusion of Group Term Life Benefit

- The Insured voluntarily committed suicide within one year after the Entry Date. The Company is bound only to return premiums paid in respect of such Insured to the Company. The above paragraph shall not be applied, if the Insured who committed suicide has been insured under the group life insurance of other insurance company and, from the date of committed suicide, such insurance along with the insurance under this Policy continue in force for more than 1 year.
- The beneficiary intentionally killed the Insured. The Company is bound only to return premiums paid of that Policy Year in respect of such Insured to the Company. If there are more than one beneficiary, the Company may pay the proportional proceed to the beneficiary or beneficiaries who not taking part in intentionally killing the Insured, after deduct the proportion of the one who kills the Insured and is not entitled to receive. The Company shall not return all premiums in connection with this proportion.

Exclusion of Group Health Insurance Benefit (Total 19 items) for example

- Illness or injury of the insured occurs within 90 days before participating to this supplementary contract; whether the Insured has been treated diagnosed, consulted or prescribed during such period; except the insured, who suffers the illness or injury, has participated in this supplementary contract for a period of 12 months.
- Health checkups, convalescent care including rest cures and rehabilitation, any treatment, drug or medical supplies which are not related to the diagnosis; and diagnosis which is not related to the injury or illness or not by medical necessity and medical standard.

Exclusion of Group Critical Illness Benefit for example

Critical Illness under this supplementary contract has exclusions which do not cover Critical Illness occurs directly or directly from the following causes:

- The Insured refused to take medical treatment or accept any treatment or not follow instruction of Special Medical Practitioner.
- Critical illness occurred before effectiveness of this Supplementary contract and did not have medical treatment to be recovered before such date.
- The Insured infected by HIV Positive, except HIV through Blood Transfusion or Occupationally Acquired HIV.

Additional discounts

- Be able to select either one or both options.
- Hospitalization and Surgical Benefit, Clinical Benefit and Dental Treatment benefit. The additional options must be applied for all plans only.

Group Hospitalization and Surgical Benefit (IPD)

Benefit	Detail	% Additional Discount
Deductible	Deductible 5,000 THB	2.50%
Co-Payment	Co-Payment (Insured : Company) 10:90	2.50%
Co-Payment	Co-Payment (Insured : Company) 20:80	5.00%

Out-patient or Clinical Benefit (OPD) and/ or Dental Treatment benefit

Benefit	Detail	% Additional Discount
Co-Payment	Co-Payment (Insured : Company) 10:90	2.50%
Co-Payment	Co-Payment (Insured : Company) 20:80	5.00%

Premium

- Mode of payment is annual basis.
- The premiums of all eligible employees and their dependents must be paid by the employer.

Remarks :

- The proposed premium shall not be provided for Physician, nurse, medical personnel, officer working in hospital, clinic, medical facilities and beauty/aesthetic clinic. Including Teacher/ Instructor teaching in school/ educational institute.
- The underwriting consideration depends on the discretion of Group Underwriting and the Company reserves the right to decline if Business risk is higher than career classification 's requirement.

Underwriting Guidelines

Eligibility

- The company must be registered for Commercial purpose and be legal entity under the law. Must not be established solely for the purpose of providing insurance.
- The proposal is not available for the Group of Co-Operative, labor union, association, club, foundation, school, creditor and debtors. A Business Group consists of 20-30 full-time employees, which does not currently hold the same type of Group Employee Benefit with TMLTH.
- The eligible employee must be a permanent, full-time employee, aged between 15-65 years, with healthy condition before participating this group insurance policy and actively at work on the policy effective date or on the date of participating this Group Insurance policy. Any person who is not actively at work on the date of eligibility will not be qualified to be an insured member until returns to work normally as a general permanent full-time employee.
- Eligible employee must be registered under Social Security System.
- The average age of all employees should not exceed 45 years old.
- All benefits are available to the business with risk exposure not higher than the occupational class 2 (such as Accountant, Cashier, Clerk, Store Saleperson, Receptionist, Secretary, Salesman).
- Company reserve for the right to request for more evidence to support, in case of there are more than 3 individuals, or more than 50% of the participants, sharing the same surname.

Participation Requirements

- All employees in a company must participate in the Group Insurance Program (On compulsory basis).
- For eligible employees 20-30, all members required to complete the application form and meet underwriting company requirement.
- The effective date is the following day after all required documents are obtained and the insurability is approved.
- In case that a new employee requests to participate in Group Insurance Program during the policy year, the effective date is the first day of work or pass the probation period (As specified by the employer for the waiting period on the employer application).

Classification of Plan

- All eligible employees who are in the same or equivalent position shall be insured under the same plan.
- One policy can consist of not more than 3 different plans.
- Group 44 Critical illness, Clinical Benefit and Dental Benefit are optional for the employer, in case the the employer decides to take the coverage, all eligible employees must participate in the coverage.
- Crossing of plans for different benefits is allowed for Hospitalization and Surgical Benefit and/ or Clinical Benefit and/ or Dental Treatment Benefit only.
- Must purchase Out-patient first then shall have rights to purchase Dental treatment Benefit and all employees must participate in the Group Insurance Program.
- Benefits purchased must be arranged in ascending according to coverage table.
- The difference among the insurance plans should not exceed 3 plan levels.
For example In case that Plan 1 is chosen, the higher plan must not exceed Plan 4.

Eligibility of Dependent

- All medical benefits are available for spouse aged under 65 years old and child(ren) at least 2 weeks and not over 21 years of age and unmarried. Child(ren) can be extended to 23 years old if still being a full-time student and unmarried.
- The eligible dependents must enroll under the same plan as the principle employee (Eligible for medical coverage only & Not allowed for Group Term Life Benefit, Group Accidental Death and Dismemberment Benefit, Group Permanent Total Disability Benefit and Group Critical illness Rider Benefit).
- All eligible dependents are required to complete the application form and meet underwriting company requirement.

Documentation Requirements

- The Master Application Form completed by the employer.
- 2 sets of OPD Credit form.
- A photocopy of the affidavit or certificate of incorporation.
- A photocopy with certify true copy for Identification card of each employee and dependent.
- A data sheet containing detailed summary of all employees and their dependents.
- The application form completed by each employee.