



TOKIO MARINE
INSURANCE GROUP

“Feel relieved and care free.”
A maximum **240 MB**
of expenses covered.



Tokio Good Health

Elevate protection and relief with the various covering benefits during illness.

In addition, the covered expenses will be doubled up in event of 18 critical illnesses, with maximum 240 MB.

Who we are

Tokio Marine, founded in B.E. 2422, is the first insurance company in Japan. With a steady growth, we have been offering a wide range of products to meet the diverse needs of non-life and life insurance. Our operations span across 486 cities in 45 countries, reflecting our global presence. As a diverse group of insurance businesses, we are committed to expanding our services while maintaining financial strength on a global scale.

How Good is the Tokio Good Health Rider?

- ✓ Worry-free for the limited medical expenses since most items will be paid as charged following the selected plan.
- ✓ Coverage that includes daily room and board ranging from 2,000-25,000 baht.
- ✓ Protection that includes medical expenses starting at 500,000 baht, reaching a maximum of 240 MB in the event of 18 critical illnesses.
- ✓ Elevate your well-being even in good health. Enjoy the added support of annual health check-up and vaccination benefits.

Customers should carefully study the product features, terms and conditions before making decisions.

Tokio Marine Life Insurance (Thailand) PCL.

Japanese Mastery in Annuity and Life Insurance Management*



02 650 1400



www.tokiomarine.com



csc@tokiomarinelife.co.th



facebook.com/tokiomarine.th

The Company reserves the right to underwrite policies based on its own criteria. The benefits outlined in this document are a summary, and the complete terms and coverage will be specified in the policy of the insured.

Remark: The premium payment is the insured's responsibility. Life insurance agents or brokers merely provide a service by collecting the insurance premium.

*Tokio Marine Group has been offering annuity products in Japan for over 20 years.

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Benefits Tokio Good Health Rider

Benefits		VIP			Premier			Premier Loyal		
		PLAN 2000	PLAN 3000	PLAN 4000	PLAN 6000	PLAN 8000	PLAN 10000	PLAN 12000	PLAN 15000	PLAN 25000
No.	A. Overall Annual Limit per policy year In case of hospitalization due to Accident or General Sickness.	500KB	1 MB	2 MB	3 MB	6 MB	12 MB	30 MB	80 MB	120 MB
	B. Overall Annual Limit per policy year In case of hospitalization due to 18 Critical Illnesses.	1 MB	2 MB	4 MB	6 MB	12 MB	24 MB	60 MB	160 MB	240 MB
Inpatient Benefit										
1)	Hospital daily room & board, food and hospital service (inpatient) per day (Max 365 days per confinement).	2,000	3,000	4,000	6,000	8,000	10,000	12,000	15,000	25,000
	In the event of ICU, such benefit shall be paid as charged. (Max 30 days per confinement).	As Charged			As Charged			As Charged		
2)	Fee for medical service, diagnosis, treatment, blood service, nurseservice, medicine, intravenous nutrient and medical supplies (per policy year).	As Charged			As Charged			As Charged		
2.1)	Medical service fee for diagnosis									
2.2)	Treatment medical service, blood service and nursing service. <i>Remark: Total benefits in category 1 and subcategory 2.2 not exceed benefit amount of category 1 per 365 days per visit.</i>									
2.3)	Medicine, intravenous nutrient, and medical supplies.									
2.4)	Medicine, expendable medical supplies (Supply 1) for take-home. (7 days cap per admission)									
3)	Fees for medical professional service (physician), examination, physical services. (Max 365 days per confinement)	As Charged			As Charged			As Charged		
4)	Fee for surgery and procedure (per policy year).	As Charged			As Charged			As Charged		
4.1)	Operating or medical procedure room.									
4.2)	Medicine, intravenous nutrient, medical supplies, and surgical device.									
4.3)	Medical professional service, physician (and assistant) fees for surgery & procedure.									
4.4)	Physician Fee-Anesthesiology.									
4.5)	Organ transplantation.									
5)	Day Surgery (per policy year).	As Charged			As Charged			As Charged		
Outpatient benefit (per policy year)										
6)	Fees for diagnosis directly related to before and after inpatient treatment, or follow up OPD treatment directly related to after discharge.	As Charged			As Charged			As Charged		
6.1)	Fees for diagnosis directly related to inpatient treatment within 31 days before and after admission.									
6.2)	Fees for OPD treatment after discharge (per admission) for follow up treatment within 31 days after the admission, excluding fees for diagnosis. (maximum 2 times)									
7)	Fee for the OPD treatment of injury within 24 hours of each accident.	As Charged			As Charged			As Charged		
8)	Rehabilitation fees after admission within 31 days after admission.	5,000	8,000	9,000	10,000	15,000	20,000	25,000	As Charged (Max 20 times)	
9)	Medical services fees for chronic kidney failure treatment by hemodialysis.	As Charged			As Charged			As Charged		
10)	Medical services fees for tumour or cancer treatment by radiation therapy, interventional radiology, nuclear medicine.	As Charged			As Charged			As Charged		
11)	Medical services fees for cancer treatment by chemotherapy.	As Charged			As Charged			As Charged		
12)	Emergency ambulance service fee.	As Charged			As Charged			As Charged		
13)	Minor Surgery.	As Charged			As Charged			As Charged		
Additional Benefit for Inpatient										
1)	Hospital room for parent (extra bed) of insured age less than 18 years old (inpatient) per day (maximum 30 days).	2,000	3,000	4,000	6,000	8,000	10,000	12,000	15,000	25,000
2)	Medical Supplies and Devices Fee per policy year.	5,000	8,000	9,000	10,000	15,000	20,000	25,000	As Charged	
Additional Benefit for Outpatient										
1)	Special Nursing Care Fee for Home Rehabilitation per day (Max. 28 days).	500	1,000	1,500	2,000	5,000	8,000	10,000	12,000	15,000
2)	Annual medical check-up, Outpatient medical expense, Vaccination (per policy year).	3,000	5,000	6,000	8,000	10,000	15,000	20,000	25,000	30,000

A company will pay the benefits following actual costs, based on medical necessities and standard medical practices. However, it shall not exceed the benefits stated in coverage schedule.

Underwriting Criteria:

Issued Age:	11 - 70 years old (renewable until the age of 84).
Coverage/Premium Term:	Up to age of 85 or basic insurance plan expires.
Attachable Basic Policy:	All plans are attachable (except Solution Design).
Maximum Benefit Per Policy Year:	500,000 - 120,000,000 with 2 times increase in the event of a critical illness.



HealthCheck

- Perfect
- Good
- Normal
- Bad



18 Critical Illnesses:

1. Invasive Cancer*
2. Benign Brain Tumor
3. Fulminant Viral Hepatitis
4. Liver, Pancreas or Bone Marrow Transplantation
5. Aplastic Anemia
6. Acute Heart Attack
7. Coronary Artery By-pass Surgery
8. Other serious Coronary Artery Diseases
9. Open Heart Surgery for the Heart Valve
10. Surgery to Aorta
11. Lupus Nephritis from Systemic Lupus Erythematosus
12. Chronic Kidney Failure
13. Cerebral Aneurysm Requiring Brain Surgery
14. Primary Pulmonary Arterial Hypertension
15. Severe Chronic Obstructive Pulmonary Disease /End-stage Lung disease
16. Heart, Lung or Kidney Transplantation
17. Paget's Disease of Bone
18. Major Stroke

Remark : Please study the definition of critical illnesses in the policy contract.

*Under this endorsement, the 90-day waiting period will be effected for the invasive cancer. The waiting period begins from the effective date of this rider or the latest reinstatement date whichever date is later.

Partial exclusions:

1. The condition caused by congenital or immaturity of organ development, genetic disorders, or abnormality of body development, unless the rider has been effective for at least one year (1 year), and the condition has appeared after the insured attains 16 years old.
2. Esthetic enhancement treatments or cosmetic surgeries for skin beauty purposes such as acne, melasma, freckles, dandruff, hair fall, or weight control, or other alternative surgeries or treatments, unless it is for wound dressing purposes due to an accident covered under the policy.
3. Pregnancy, abortion, miscarriage, childbirth, complications from pregnancy, fixing infertility issue (including analysis and treatment), sterilization or contraception, except in the case of choriocarcinoma.

Exclusion:

Pre-existing Condition

The company will not pay the benefits under this rider in the event of chronic diseases, injuries, or illnesses (including their complications) that were not cured prior to the initial effective date of this rider, except

- 1) The company is willing to accept these risks even though the insured has already stated the declaration or
- 2) Chronic diseases, injuries, or illnesses (including their complications) have not been shown any appearance, insured has not received treatment or get diagnosed by physician or has not consulted with a physician within 5 years prior to the initial effective date of this rider and within 3 years after the initial effective date of this rider.

Waiting Period

The company will not pay the benefits under this rider in the event of

- 1) Any illnesses occurring within 30 days from the effective date of this rider or date on which the company approves the additional benefits of this rider, whichever date is later.
- 2) Any of the following illnesses occurring within 120 days from the effective date of this rider or the date on which the company approves the additional benefits of this rider, whichever date is later.

■ Tumors, Cysts, or all types of Cancers	■ All types of Hernia	■ Tonsillectomy or Adenoidectomy	■ Varicose Veins
■ Hemorrhoid	■ Pterygium or Cataract	■ All types of Calculi	■ Endometriosis
- 3) The expenses for annual medical checkup, vaccination that occur within 300 days from the effective date of this rider or the latest renewal date of this rider, whichever date is later.