

GROUP INSURANCE SME SMART HEALTH

Group Insurance Plan that cover Employee's Benefits

Did you know? Currently, you do not need to carry a group insurance card, you can use the service to receive treatment at the hospital and Allianz Ayudhya's network hospitals without having to pay in advance. Show your ID card only.

For electronic group insurance cards, you can inform your staff to download easily via Mobile Application: My Allianz for the following benefits:

- View policy information details Check the limit or the number of remaining of health insurance rights.
- Claim submission
- Check claim status and history via Mobile Application

Coverage Plan for **SME SMART HEALTH**

For business with 11-100 employees

												Unit : Baht
Coverage		Benefits	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10
Group Term Life Insurance		Death Benefit	60,000	120,000	240,000	360,000	480,000	600,000	720,000	840,000	960,000	1,200,000
	1	Death due to accident (Added from Group Term Life Insurance)	60,000	120,000	240,000	360,000	480,000	600,000	720,000	840,000	960,000	1,200,000
	2	Loss of both hands or both feet or sight of both eyes or combination of any two	60,000	120,000	240,000	360,000	480,000	600,000	720,000	840,000	960,000	1,200,000
	3	Loss of one hand or one foot or sight of one eye	36,000	72,000	144,000	216,000	288,000	360,000	432,000	504,000	576,000	720,000
	4	Loss of one arm starting from the shoulder or one leg starting from the neck of femur	45,000	90,000	180,000	270,000	360,000	450,000	540,000	630,000	720,000	900,000
	5	Loss of one arm starting from the elbow or one leg starting from the knee	39,000	78,000	156,000	234,000	312,000	390,000	468,000	546,000	624,000	780,000
	6	Deafness of both ears or Loss of speech	30,000	60,000	120,000	180,000	240,000	300,000	360,000	420,000	480,000	600,000
	7	Deafness of one ear	9,000	18,000	36,000	54,000	72,000	90,000	108,000	126,000	144,000	180,000
Group Accident Insurance	8	Loss of thumb (two joints)	15,000	30,000	60,000	90,000	120,000	150,000	180,000	210,000	240,000	300,000
	9	Loss of thumb (one joint) or index finger (all three joints)	6,000	12,000	24,000	36,000	48,000	60,000	72,000	84,000	96,000	120,000
	10	Loss of index finger (two joints)	4,800	9,600	19,200	28,800	38,400	48,000	57,600	67,200	76,800	96,000
	11	Loss of index finger (one joint)	2,400	4,800	9,600	14,400	19,200	24,000	28,800	33,600	38,400	48,000
	12	Loss of other fingers (not less than two joints) other than a thumb or an index finger	3,000	6,000	12,000	18,000	24,000	30,000	36,000	42,000	48,000	60,000
	13	Loss of big toe	3,000	6,000	12,000	18,000	24,000	30,000	36,000	42,000	48,000	60,000
	14	Loss of other toes (not less than one joint) other than a big toe	600	1,200	2,400	3,600	4,800	6,000	7,200	8,400	9,600	12,000
	15	Total Permanent Disability due to accident (must continue for a period not less than 180 days)	60,000	120,000	240,000	360,000	480,000	600,000	720,000	840,000	960,000	1,200,000
	16	Double amount of benefit (Accident in public)	The Ben	efits from	n No. 1-15	will pay	double ar	mount of	the bene	fits if accid	dent happ	pens in
	17	Extension to cover Murder and Riot			No.1-15 tent, or ric					Insured is e.	murdere	ed or
Group Permanent Total Disability Insurance	Be (n	otal Permanent Disability enefit from sickness or accident nust continue for a period not ss than 180 days)	60,000	120,000	240,000	360,000	480,000	600,000	720,000	840,000	960,000	1,200,000

											Unit: Baht
In	roup Health Insurance: -Patient Hospitalization & Surgical Benefits PD)	HS 1	HS 2	HS 3	HS 4	HS 5	HS 6	HS 7	HS 8	HS 9	HS 10
1	Room & Board Fees per day (Max. 45 days)	700	800	1,200	1,300	1,600	2,100	2,600	3,200	4,200	5,200
2	Intensive Care Unit (ICU) Fee (Max. 7 Days)	1,400	1,600	2,400	2,600	3,200	4,200	5,200	6,400	8,400	10,400
3	Other Medical Treatment Fees (Including OPD follow up within 30 days of discharging from hospital)	16,000	19,000	21,000	26,000	32,000	42,000	52,000	62,000	72,000	105,000
4	The Actual Surgery Fees	16,000	19,000	21,000	26,000	32,000	42,000	52,000	62,000	72,000	105,000
5	Specialist Physician's Counseling Fee (Excluded from item 3 or 4 above)	4,000	4,500	5,000	5,500	7,000	8,000	9,000	10,000	11,000	14,000
6	Physician Fee per day (Max. 45 days)	700	800	900	1,000	1,200	1,700	2,200	2,700	2,900	3,400
7	Emergency Treatment Fee Due to Accident within 72 hours per any Injury (Excluded from Other Medical Treatment Fees)	4,000	4,500	5,000	5,500	7,000	8,000	9,000	10,000	11,000	14,000
8	Ambulance service fees (included under Other Medical Treatment Fees)	700	800	1,200	1,300	1,600	2,100	2,600	3,200	4,200	5,200
9	HB Incentive For the use of Other Medical Benefits	Inpatie Inpatie In Inpatie In In Inpatie In Inpatie In Inpatie In Inpatie Inpa	ent accoi Insured fits only coany sho a & Boai e Inpatie Insured Benefits om & Bo Hospito ple by th Room & E	rding to uses the and w all pay the rd bene- ent or uses the and req ard but r all Benefi e benefi Board as the ab penefits	the Nece e rights u ithout anne Addit fits acco e rights uests the not excee ts equal t of Daily the Com nove-me not exce	essary Minder Ot innder Ot inny reque ional Do rding to under O e benefits ed the lim to the I y Room & pany has intioned	Hedical Ther Medest of beatily Hospithe number Strom the Conumber & Board paid for payme	reatmer fical Berenefits footal Benefits of dical Benefical Benefi	red to ho nt: nefits in f rom the efits equ days of nefits in any only shall pay of Hosp duct with p Health enefits, s of Daily	ull limit of Compariant to the Hospital full amount of the Additalization the ben Coveragethe Coreas	of such ny, the e Daily ization ount of enefits ditional on and efits of e Rider, mpany

Unit: Baht

Group Health Insurance: Out-Patient (OPD)	OPD	OPD	OPD	OPD						
	1	2	3	4	5	6	7	8	9	10
Out-Patient hospital services (Max. 1 time per day and Max. 30 days per year)	400	500	600	700	800	900	1,200	1,700	2,200	2,700

Unit: Baht

Group Health Insurance: OPD Follow Up	OPDF	OPDF	OPDF	OPDF	OPDF	OPDF	OPDF	OPDF	OPDF	OPDF
	1	2	3	4	5	6	7	8	9	10
OPD follow up within 90 days of discharging from hospital (Max. 1 time per day and Max. 5 times per Hospitalization) Max. per one time	700	800	1,200	1,300	1,600	2,100	2,600	3,200	4,200	5,200

Unit: Baht

Group Health Insurance:	XRAY									
Out-Patient Laboratory Test Fee	1	2	3	4	5	6	7	8	9	10
Out-Patient Laboratory Test Fee (diagnosis disease with X-ray, electrocardiography or laboratory tests for the treatment as an Out-Patient according to the physician's recommendation) Max. per policy year	1,800	2,400	3,000	3,600	4,200	4,800	5,400	6,000	6,600	7,200

Unit: Baht

Group Dental Insurance	Dental									
	1	2	3	4	5	6	7	8	9	10
Dental Benefits (Max. per policy year) 1) tooth extraction, dental filling and teeth scaling 2) root canal treatment and nerve root treatment 3) Oral cavity examination or X-ray	1,800	2,400	3,000	3,600	4,200	4,800	6,000	7,200	8,400	9,600

Example of reimbursement Group Health Insurence In-Patient Hospitalization & Surgical Benefits (IPD) No. 9

HB Incentive for the use of Other Medical Benefits

The Company shall pay the Additional Daily Hospital Benefits equal to the Room & Board benefits according to the number of days of Hospitalization as the Inpatient. The Company shall pay the benefits not exceeding the maximum days of Room & Board benefits per Hospitalization or

If the Insured is reimbursed with full amount from the Other Medical Benefits and request the benefits from the Company only for the benefits of Room & Board but not exceed the limit.

The Company shall pay the Additional Daily Hospital Benefits equal to the remaining amount of Room & Board benefits according to number of days of Hospitalization as the Inpatient. The Company shall pay the benefits not exceeding the maximum days of Room & Board benefits per Hospitalization.

Other Medical Benefits

means the rights of medical benefits that Insured receive from the social security fund (SSF), the Workmen's Compensation Fund, Welfare for medical treatment of the government officer, State Enterprises, Independent Organization, Local Administration Organization, National Health Security, the Protection for Motor Vehicle Accident Victims Act B.E.2535, Individual or Group Health Insurance (excluding the Group Health Coverage Rider, which extending Coverage to Additional Daily Hospital Benefits, and/or other Group Health Coverage Rider for employees, members, or Dependents receiving coverage from the Company).

Example: Plan 7 the benefits of Room & Board Fees per day is 2,600 baht

Example	Room & Board Fees per day benefits from Allianz Ayudhya (A)	Actual Expense (B)	Room & Board Fees per day benefits from SSF (C)	The Company pays the difference after Other Medical Benefits deduction (not exceed the benefits of Room & Board Fees per day) (D) = (B-C)	HB Incentive per day (E) = (A-D)
1	2,600	700	700	-	2,600
2	2,600	2,600	700	1,900 (2,600 - 700)	700 (2,600 - 1,900)
3	2,600	3,300	700	2,600 (3,300 - 700) (but not exceed benefits of Room & Board Fees per day)	0 (2,600 - 2,600)

Details of applying for Group Insurance

Business Eligibility

- A business is comprised of 11-100 full-time employees and does not have any Group Insurance Employee Benefit Policy which still effective with Allianz Ayudhya Assurance Pcl.
- An organization or a business unit registered as a legal entity.
- A business with a location of work in Thailand and eligible employee having a state of work in Thailand.
- A business requires group insurance program to the full-time employees.
- Director or business owner or consultants who are not full-time actively at work are not available.

- A business with risk exposure not higher than occupation class 3.
- All benefits are not available for Cooperative Member, Labor Union, Club Member, Creditor and Debtor consist group of member or employees who go to work on aboard.
- The Company reserves the right to underwrite on a case by case basis for an organization that has ever been insured under the same coverage of Group Insurance Employee Benefit even though the policy is not effective with Allianz Ayudhya Assurance Pcl.

Employees Eligibility

- All employees must participate in the group insurance program.
- Eligible employee age 15-65 years.
- Minimum eligible employees who have undergone insurance at 11 persons on the effective date or policy anniversary date, which are excluded the employees' dependent.
- All employees are required to fill the form of "Beneficiary Designation for Member of Group Insurance" (no health questions).
- All eligible employees are required to be healthy and are not illness or under injury, medical treatment, inpatient, or follow up.
- Only full-time employees, exclude part-time employees.
- The average age of all employees should not over 45 years old, which does not include spouse and children.

Eligibility of Dependent

- In case the employer requires extending insurance coverage to the employees' dependents, all employees and their dependents must participate in the group insurance program.
- Premium rate for spouse or children will be equal to premium rate of the insured employees.
- The eligible spouse are marriage, age is not over 65 years old. In case the spouse and the insured employee work in the same company, the spouse can apply as an employee only.
- The eligible child must be legitimate child of employee, age not less than 14 days and not over 18 years old and unmarried, or age not over 25 years old and be a full time student and unmarried.

Classification of Group Insurance and Group Health Insurance Plan

- 1 policy can be composed of the insurance plans for employees not more than 5 plans (limit insurance plans for employees 5 plans per 1 policy)
- In case chosen the coverage more than 1 plan, the next higher plan should not exceed 4 plan levels. For example, if plan 1 is the lowest plan, the next plan that can be chosen should not exceed plan 5.
- Group Health Insurance: In-Patient Hospitalization & Surgical Benefits (IPD), Out-Patient (OPD), OPD Follow Up, Out-Patient Laboratory Test Fee and Group Dental Insurance are the coverage that the employer can choose as an additional (added on) benefits. However, if the employer would like to enroll for such benefits, all employees and their all dependents must participate.
- Group Health Insurance: In-Patient Hospitalization & Surgical Benefits (IPD) is available for plan HS1-HS10, and enrollment of Group Term Life Insurance is required.

- Group Health Insurance: Out-Patient (OPD) is available for plan OPD1-OPD10, but the OPD benefit should not exceed Room & Board Fees per day of IPD, and enrollment of IPD is required.
- Group Health Insurance: OPD Follow Up is available for plan OPDF1-OPDF10 and/or Group Health Insurance: Out-Patient Laboratory Test Fee is available for plan XRAY1- XRAY10 and/or Group Dental Insurance is available for plan Dental1-Dental10, but the benefits should not exceed 4 times of Room & Board Fees per day of IPD, and enrollment of IPD is required.
- All employees who are in the same or equivalent position should be insured under the same plan.
- The spouse and children must enroll under the same plan and such plan should not over than the plan of the insured employee. For employees who are in the same or equivalent position, their dependents should be insured under the same plan.

Eligibility of classification plan

- Classify only one plan under the same plan for all employees.
- Classify by employee position.

- Classify by salary.
- Classify by working period.

Premium payment and Medical Check-up Cost

- Employer shall be responsible for all premiums of employees and their dependents.
- Available only annual premium payment mode and the minimum premium per policy on the effective date or policy anniversary date not less than 10,000 THB.
- In case a required for medical check-up, the insured employees must absorb the cost by themselves.
- The Company reserves the right to amend the new premium rate base on actual occupation class of the employer.

Premium Discount Rate (For Employee spouse and children)

Consider from Number of Employees who have undergone insurance on the effective date or policy anniversary date	Premium Discount Rate
11-24	-
25-49	5.0%
50-99	7.5%
100	10%

Registration Requirements

- Completed the "Policyholder Application for Group Insurance", and signed by authorized directors or authorized person with affixing the company's seal (must submitted the power of an attorney and the company's affidavit.)
- Completed the "Member Application for Group Insurance" or "Beneficiary Designation for Member of Group Insurance" (depends on the case) by the employees and the dependents (if applicable). This must be signed and specified the date.
- Submitted a data sheet containing detailed summary of all employees and their dependents with date of birth, position, effective date of work, ID number, mobile phone number, email (if any), group insurance plan, and classification plan for each employee/spouse/child according to the Company's format.
- Payment done before effective date.
- All required documents should be submitted 7 days before effective date.

- Effective date of the policy will be the next day that the Company received all required documents and approved for the insurance or will be the specified date in the "Policyholder Application for Group Insurance" whichever occurs later.
- In case the employee apply for insurance during the policy year, the effective date for that employee will be the first day of work or the day after the probation period (according to employer's regulation) or the specific date defined in written by the Company, depends on the case. However, such date must be approved by the Company. In case the dependents apply for insurance and have been approved by the Company, the effective date for the dependents will be the same effective date of the employee.
- The company reserves the right not to print group health insurance cards for members

Documentation Requirements

- The Policyholder Application for Group Insurance.
- The Member Application for Group Insurance for employees and their dependents (if any).
- Certification for Policyholder Certification of obtaining consent from the insured Members the Associate Members
- A data sheet containing detailed summary of all employees and their dependents as a soft file according to the Company's format.
- A photo copy of commercial registration certificate signed by authorized person.
- The power of an attorney (in case submitted the photo copy, it should be signed by the authorized person).
- Premium amount.
- Notification to keep the Beneficiary-Appointment Letter





