

Employee Benefits
RUAMRUDEE INTERNATIONAL SCHOOL

Preface

Employee welfare provided in the form of group life and health insurance is in addition to that required by the law on labor compensation fund and social security. Your school foresees the importance and does realize that staffs are critically crucial human resources to the organization stability and prosperity. Accordingly, your school has made such the welfare benefits through staffs for this provision. The Handbook is made and aimed to provide employees the explanation of coverage benefits, exceptions, as well as the processes and instructions in using A.I.A Health Insurance Card. The Statements in this Handbook contains brief explanations while details of coverage are in accordance with the main policy issued under the name of your school.

As a result, Ruamrudee International School would like to share this heavy burden and risk with all employees in the event of death, sickness or injury by providing 24-hour insurance protection for employees both at and away from work with Group Life and Group Medical Insurance. This handbook is prepared to provide information of their entitlements and various benefits of group insurance coverage provided. The significant terms and provisions in full details must adhere to the master policy and its **supplements** as issued by **AIA Co., Ltd.** If any employee needs further information or has inquiries, Please contact:-

1. **Human Resources Department of the School.**
Tel. 02-518-0320 Ext. 456
2. **AIA** Head office
 - Admin Policy Service Tel. 02-638-7285
 - Claim IPD Tel. 02-638-6587
 - Claim OPD Tel. 02-638-6527
3. **24 hrs. Call Center by: - AIA Agency Team Ballangthong 115**
 - Thai version Pawida Likittichuwong Tel. 081-828-1884
 - English version Thanawat sinsukit Tel. 081-815-6747
- Email Address: aia.bl115.ris@gmail.com

Remark: The handbook is for illustration only. It shall not form a part of insurance contract, not binding the company. The Term and Conditions of Coverage are found in the policy contract.

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Insurance Plan and Benefits

Line of coverage	Plan 2
1. Life	50,000
2. Accident	50,000
3. Total Permanent Disability	50,000
4. Medical Benefits	
a. Daily Room & Board (Unlimited)	4,500
I.C.U (Max 15 days)	9,000
b. Other Hospital Services (OHS)	500,000
- Pre-hospitalization Out –Patient (within thirty-one (31) days prior to hospitalization)	
Post-Hospitalization Out –patient (Consultation within 3 months after discharge from hospitalization (1 call per day, Max 5 calls per disability)	
- Ambulance Service / Max per disability / trip	4,500
c. Surgical Benefit (SB-subject to schedule)	300,000
- Minor 20 % of 300,000.-	60,000
- Intermediate 50 % of 300,000.-	150,000
- Major 100 % of 300,000.-	300,000
- Complex 150 % of 300,000.-	450,000
d. In hospital Doctor Call (Unlimited)	2,000
e. Emergency Out-Patient (Accident)	100,000
g. Specialist consultation Fee (included in item b and c.) Clinical (1 call/day, 30 calls/contract years)	50,000
	2,000

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Eligibility and Qualifications for Coverage

- Effective date starts on July 1 of each year.
- The Insured under this plan are **Non-Thai certified staff**.
- Insured are those who work full-time for the School.
- Insured with aging between 15-65 years are eligible for coverage.
- New hires can join this plan on the first day of work by giving their names to A.I.A.

Spouses

- Must be a spouse of School Staff(s).
- Aged between 15-65 years

Children

- Must be a child of School Staff(s).
- Age not less than 5 days with healthy condition; aged between 18-23 years and being a single, full-time student.

Insurance Plan and Insured Amount

Each employee is entitled to coverage under one of the following schemes:

Classified and Certified Staff Members

[Plan 2](#)

End of Insured Coverage

- The date the policy becomes ineffective.
- The date an insured is no longer id's School staff.
- The date an insured dies.
- The date an insured lacks of any of the qualifications stated in the Insurance Schedule.

End of Coverage of Dependants (Spouse or Child)

- The date the policy becomes ineffective.
- The date a dependant becomes not a dependent of the insured.

1. Life Insurance

Coverage

An insured member is provided with life insurance protection covering all causes of death that may occur both during and after working hours. In such case, AIA will pay an amount of claims to his/her designated beneficiary for the amount equal to the agreeable sum insured amount.

Exclusions: - The Insured voluntarily committed suicide within one year after the Entry Date

Benefits

A. Death Benefit

In case on insured member dies, AIA will pay claims in equal to sum insured amount of life coverage to his/her designated beneficiary

B. Total Disability Extended Death Benefit

If Insured Member's insurance is terminated due to his suffering from total disability as a result of sickness or accident injury, Death Benefit coverage will be extended without premium payment for an equal period to the duration that such Insured Member has been continuously insured under this policy but not longer than a period of 12 months and before his 60 years of age.

2. Accidental Insurance Coverage

This benefit provides worldwide 24 hours coverage for insured members who suffer the above losses as a result of accident occurred during and out of working hours. However the accidental injury must arise 180 days from the date of accident.

Benefits

Within 180 days from the accident date occurred to Insured Member, if the insured suffers an Accidental injury effected directly from all other external & violent causes with evidence of a visible contusion or wound on exterior of the body, except in case of drowning or internal injury revealed by an autopsy, AIA, on receipt and approval of proof, will pay an indemnity for any loss specified in the following Schedule of Indemnities to the assured employee. (In case where the injury results in more than one loss, AIA will pay indemnity only in respect of the largest amount sustained).

Schedule of Indemnities

	Percentage of Principal Sum
1. Loss of Life	100 %
2. Loss of two or more Limbs	100 %
3. Total and irrecoverable loss of entire sight in both Eyes	100 %
4. Total and irrecoverable loss of entire sight in one Eye and loss of one Limb	100 %
5. Loss of One Limb	60 %
6. Total and irrecoverable loss of entire sight in one Eye	60 %

"Loss of Limb (s)" shall mean loss by amputation at or above wrist (s) or ankles (s), or total and irrecoverable loss of use of such limb (s) caused by such injury direct to such Limb (s).

4. Medical Insurance

4.1 Hospitalization Benefit (IPD)

Receiving illness treatment as an inpatient must be associated with a medical doctor's opinion that s/he requires a hospital stay as an inpatient for a consecutive period of not less than 6 hours, requiring registration as an inpatient. An illness arising from the same cause, including complication in connection with that particular illness, or any illness resulting at the same time from other causes during a hospital stay, and receiving the same injury or illness treatment after leaving the hospital must be at least 45 days from the previous treatment to be considered a new injury or illness.

- An ongoing medical treatment for the same disease within 45 days from the last date of leaving the hospital is considered one time of treatment, with the benefits counted together.
- A treatment will be considered the same ongoing treatment if it is provided for, or due to, the same disease within 45 days from the last date of leaving the hospital and will be considered one time of illness, with benefits and eligible days counted on an ongoing basis.
- A treatment of the same disease at more than 45 days from the last date of leaving the hospital is considered a new time of treatment.
- A treatment of other diseases is considered a new time of illness.

Remark: Leaving the hospital is possible only with a medical doctor's opinion.

1. Room & Board includes:

- Room charge or patient-bed charge.
- Meal cost for inpatient only, exclusive of meals specially ordered for patient, relatives and visitors.
- In case of ICU admission, AIA pays for room charge and meal cost per day at 2 times of those of normal room according to the Insurance Schedule.

2. Other Medical Expenses include:

- Special service fee.
- Outpatient medical consultation or disease diagnosis fee before admission.
- Ongoing medical consultation after hospital treatment.
- Costs of medicines and arterial nutrients.
- Medical Supplies Cost Package 1 such as hose, ventilation tube, hypodermic syringe, gloves, and splint.
- Medical Supplies Cost Package 3 such as bone support material, artificial heart valves, and artificial eye lens.
- Costs of medical equipment, instrument and devices.
- Costs of blood and blood component services.
- Cost of diagnosis such as medical technology, pathology and radiology.
- Cost of surgical room.
- Cost of services such as physical therapy, administering an aesthetics, ambulance
- Medical doctor specialist consultation for non-operation.

2.1 Pre – Hospitalization

AIA shall pay the amount of charges made for consultations by a registered medical practitioner, or for Diagnostic X-rays and laboratory tests that are recommended by a registered medical practitioner, and incurred within thirty-one (31) prior to hospitalization. Such consultations or tests must be for the same disability for which he is subsequently hospitalized and benefits payable under this policy. The benefits paid shall not exceed the maximum Pre-Hospitalization out patient consultation/Diagnostic Test Benefit shown in the policy schedule.

2.2 Post Hospitalization Out –Patient Consultation Benefit

AIA shall reimburse for the actual charge of Out –patient Consultation Fees incurred within 3 month after and insured member's discharge from hospitalization and for the same disability for which he was hospitalized provided that such charge is subject to the maximum benefit stated in the Schedule of this Endorsement. Additionally, this benefit is limited to only one visit per day and five visits per any one disability.

3. Surgical Benefit

This benefit is paid for surgery performed by a surgeon, team of surgeons, assistant surgeon, and for consultation with a specialized medical doctor according to the actually paid cost or to classified surgery, depending on the type of surgical benefit bought, as follows:

Classified by Types of Operations

There are 4 categories of operations according to their difficulty:

1. Complex Major Operation

Payable according to actual cost but not exceeding 150% of the surgical cost benefit in the Insurance Schedule.

2. Major Operation

Payable according to actual cost but not exceeding 100% of the surgical cost benefit in the Insurance Schedule.

3. Intermediate Operation

Payable according to actual cost but not exceeding 50% of the surgical cost benefit in the Insurance Schedule.

4. Minor Operation

Payable according to actual cost but not exceeding 20% of the surgical cost benefit in the Insurance Schedule.

Example: The Insurance Schedule specifies that the surgical benefit is 30,000 Baht per illness. A hemorrhoid surgery at the cost of 10,000 Baht falls into medium operation category under the Surgical Fee Schedule payable by A.I.A. as actually incurred but not exceeding 50% of the surgical benefit, resulting in a calculated maximum surgical coverage amount at 15,000 Baht (30,000 x 50%). Therefore, the actually incurred cost of treatment at 10,000 Baht will be compensated in full amount because it does not exceed the maximum benefit of 15,000 Baht. If you are required to undergo the operation for more than once for reason relating to the illness, the expenses incurred will be compensated because all occurrences of the operations altogether do not exceed the benefit stated in the Surgical Fee Schedule. If your operation is not included in the Surgical Fee Schedule, a comparable or similar surgical fee rate will be used (according to facial surgery rate in page 16-21).

4. In Hospital Doctor Call

AIA will pay the cost of general examination by visiting doctor during recuperation in the hospital is compensated per the actual amount but not exceeding the maximum amount and days stated, but not including the cost of visiting doctor before and after the operation.

5. Emergency Outpatient (Accident)

AIA will pay for the benefit for the actually incurred cost but not exceeding the amount fixed. The cost is incurred from the medical treatment as a result of accident or injury requiring treatment within 24 hours from the time of accident, including ongoing treatment within 31 days from the date of injury.

6. Specialist Consultation

AIA will pay for the benefit for the actually incurred cost but not exceeding the amount fixed. The payment is divided into 2 cases: special medical doctor consultation fee for non-operation incorporated into Other Medical Expenses Category (Clause 2), and special medical doctor consultation fee for operation incorporated into Surgical Expenses Category (Clause 3).

4.2 Medical Expenses for Outpatients (OPD)

This coverage is for those medical expenses incurred from an illness or injury with unnecessary hospital stay. This means that a covered member sees a doctor for examination, treatment or administering and then goes home for self-care with unnecessary hospital stay. The expenses actually incurred from examination of a licensed medical doctor will be compensated but not exceeding the maximum days and benefit fixed. Details of the benefit include:

- Costs of Medicines
- Medical Consultation Fee
- Examination and Treatment Costs
- Other Medical Care Service Fees
- Physical Therapy Cost

Exclusions (Hospital and Surgical Treatment)

No benefit shall be payable for any one of the following occurrences:

1. Self-destruction or intentional self-inflicted injuries or any attempted threat related to functional disorders of the mind including but not limited to: anxiety, depression, neurosis, psychosis, neurasthenia; drug addiction or alcoholism; communicable disease requiring isolation or quarantine under the law.
2. Injuries arising directly or indirectly wholly or partly from war, declared or undeclared, revolutions or any warlike operations.
3. Riot and civil commotion, strikes, terrorist activities or participation in a brawl.
4. While the insured performing as the soldier serving in the war or warlike operations or subjugating, the Company will refund the pro rata premium for that period;
5. Any violation or attempted violation of the law or resistance to arrest except a petty or compoundable offense;
6. Pregnancy, miscarriage, abortion or child birth or complication from pregnancy; infertility (including investigations and treatments) sterilization and birth control;
7. Treatment for the disease or symptom of sleep schizophrenia, alcoholism, consuming or addict any drugs or drugs accident, or communicable disease requiring isolation or quarantine under the law;
8. Treatment for sunstroke, any eye sight problem, corrective aids and treatment or refractive errors unless necessitated by injury caused by accident,
9. Cosmetic or plastic surgery or any elective surgery or treatment or surgery for congenital anomalies;
10. Treatment for Surgery for dental unless necessitated by injury caused by an accident but not include the denture ,crown and root therapy.

11. General check-up , convalescence, curing for fatigue, specific purpose for rehabilitation, physio-therapy, custodial rest care, any investigation(S) not directly related to hospital admission, diagnosis, illness or injury or any treatment or investigation which is not medically necessary or consistent in accordance with standards of good medical practice, or non-medical personal services such as radio, telephone and the like.
12. Drugs purchased without doctor's prescription.
13. Eye refraction, fitting of glasses, contact lenses or hearing aids; gingivitis; oral care.
14. Disorders of a functional nature including without limitation constipation, dyspepsia, indigestion, anorexia.
15. Claims for which all original receipts and /or bills are not submitted for processing within three (3) months of incurring such expenses.

Exclusions (Hospital and Surgical Treatment)

No benefit shall be payable for any one of the following occurrences:

1. Self-destruction or intentional self-inflicted injuries or any attempted threat related to functional disorders of the mind including but not limited to: anxiety, depression, neurosis, psychosis, neurasthenia; drug addiction or alcoholism; communicable disease requiring isolation or quarantine under the law.
2. Injuries arising directly or indirectly wholly or partly from war, declared or undeclared, revolutions or any warlike operations.
3. Riot and civil commotion, strikes, terrorist activities or participation in a brawl.
4. While the Insured performing as the soldier serving in the war or warlike operations or subjugating, the Company will refund the pro rata premium for that period;
5. Any violation or attempted violation of the law or resistance to arrest except a petty or compoundable offense;
6. Pregnancy, miscarriage, abortion or child birth or complication from pregnancy; infertility (including investigations and treatments) sterilization and birth control;
7. Treatment for the disease or symptom of sleep schizophrenia, alcoholism, consuming or addict any drugs or drugs accident, or communicable disease requiring isolation or quarantine under the law;
8. Treatment for sunstroke, any eye sight problem, corrective aids and treatment or refractive errors unless necessitated by injury caused by accident,
9. Cosmetic or plastic surgery or any elective surgery or treatment or surgery for congenital anomalies;
10. Treatment for Surgery for dental unless necessitated by injury caused by an accident but not include the denture ,crown and root therapy;

11. General check-up , convalescence, curing for fatigue, specific purpose for rehabilitation, physio-therapy, custodial rest care, any investigation(S) not directly related to hospital admission, diagnosis, illness or injury or any treatment or investigation which is not medically necessary or consistent in accordance with standards of good medical practice, or non-medical personal services such as radio, telephone and the like.
12. Drugs purchased without doctor's prescription.
13. Eye refraction, fitting of glasses, contact lenses or hearing aids; gingivitis; oral care.
14. Disorders of a functional nature including without limitation constipation, dyspepsia, indigestion, anorexia.
15. Claims for which all original receipts and /or bills are not submitted for processing within three (3) months of incurring such expenses.

Special Health insurance condition for only

Ruamrudee International school

1. Daily room & Board: Unlimited upon the policy-term
2. Coverage of Nursing fee, Pre & Post Hospitalization are inclusive under other Hospital Services (CHS) item.
3. Annual Check up Max. 1 call per annual policy up to 1,000 Baht.
4. Pre-existing conditions will be insured for existing & new members.
5. Clinical Call covers a physical therapy's expense (Medical Treatment) for only those programs commented and recommended by an attending physician
6. Emergency Out - patient treatment (Accident). This benefit shall be paid for the actual charges incurred when Insured Member requires emergency treatment due to injury within 24 hours of accident.
The follow -up treatment within 31 days after the date of accident is also included in the above benefit
7. Regarding the diagnosis by special medical technical instruments in order to examine the cause of the disease without admitting, the member(s) is able to exercise the benefit under Inpatient Benefit. However, medical certification is required to submit to AIA for an approval (via the school's Human Resource Department) in prior to obtain those special diagnosis processes.
8. Diagnostic Scope, from continuing treatment which recommended by attending physician, is able to reimburse under Surgical Benefit.
9. For Chronic illness such as diabetes and hypertension, members are able to use prescription to buy drug or medicine at Boots Shop and inclusive under Clinical Call item.
10. Transplantation / Chemo / Radio -therapy / Kidney Dialysis / Obstruction Sleep Apnea are covered following by the policy.

11. AIA's card, under RISC, is specially designed as an extraordinary privilege only for RISC's members (Staffs / Spouses and Children), in order to facilitate beneficial services without Passport or ID. Card. AIA shall coordinate and inform our hospital networks, regarding the special privileged design mentioned.
12. Pre- Hospitalization out-patient within thirty one days before hospitalization and Post- Hospitalization out-patient consultation within 3 months after discharges from hospitalizations (1 call per day, Max. 5 calls per disability) coverage Doctor Fee and Consultation fee (Not include medicine)

SCHEDULE OF SURGICAL OPERATIONS

Description of Surgical Operations	Category
SKIN AND SUBCUTANEOUS TISSUES	
Aspiration of abscess, cyst or tumor	Minor
Excision of corns or warts	Minor
Cauterization or cryotherapy of warts	Minor
Excision of sebaceous cyst	Minor
Incision and drainage of abscess	Minor
ORTHOPAEDIC OPERATIONS	
Application of plaster-of-paris	Minor
Arthroscopy of knee	Inter
Arthroscopic meniscectomy	Inter
Arthroscopy with ACL repair or knee reconstruction	Major
Closed /open reduction & fixation of fracture of hands and feet, (excluding the wrist)	Minor
Closed /open reduction & fixation of fracture (including joints or shafts of larger bones)	Inter
Intra articular injection	Minor
Operative treatment of compound fracture including fixation	Major
Removal of pins & screws from old fracture	Minor
Radical operation for bone tumor (Larger bone)	Major
Trigger finger excision of tendon	Minor
Correction of Hallux rigidus	Inter
Correction of Hallux valgus	Inter
Carpal tunnel release	Inter
Laminectomy	Major

Description of Surgical Operations	Category
Mamputation of joints under anesthesia	Minor
Primary tendon repair	Inter
Spinal fusion	Major
NEUROSURGICAL	
Craniectomy (all forms)	Major
Cranioplasty	Major
Craniotomy	Major
Evacuation of hematoma	Major
Excision of brain tumour	Major
Local excision of neuroma	Minor
Operation for fractured skull including compound and depressed fracture	Major
Primary nerve repairs	Inter
Total Hemispherectomy	Complex
HEAD AND NECK	
Complete cervical Lymphadenectomy	Major
Excision of parotid gland or tumor without nerve dissection	Inter
with nerve dissection	Major
Local excision of cyst or adenoma of thyroid	Inter
Parathyroidectomy or exploration of parathyroids	Major
Resection of palate or extensive	
Resection of lesion	Major
Thyroidectomy , partial	Inter
Thyroidectomy , total	Major

Description of Surgical Operations	Category
EYE	
Excision of chalazion	Minor
Excision of lacrimal gland, total or partial	Inter
Excision of pterygium	Minor
Extraction of cataract	Major
Evisceration of eye with/without implant	Inter
Glaucoma for iridotomy or iridectomy By laser surgery	Inter
Iridectomy, with cyclectomy	Major
Laser treatment for retinal detachment	Inter
Removal of foreign body	Minor
NOSE AND ACCESSORY SINUSES	
Functional endoscopic sinus surgery (FESS)	Inter
Laryngoplasty	Major
Laryngoscopy	Minor
Removal of tonsils and adenoids	Minor
Submucous resection of nasal septum	Inter
EAR	
Excision, aural glomus tumor -- transmastoid	Major
Fenestration semicircular canal	Major
Labyrinthectomy with mastoidectomy	Major
Mastoidectomy	Major
Myringoplasty	Major
Myringotomy	Minor
Tympanoplasty	Major

Description of Surgical Operations	Category
CRANIOURGICAL	
Mandibular or maxillary excision For malignancy	Major
THORACIC	
Bronchoscopy	Minor
Lobectomy	Major
Lung Transplant	Complex
Pneumonectomy	Major
Thoracentesis	Minor
Thoracoplasty	Inter
Thoracoplasty with bronchopleural Fistula	Major
BREAST	
Incision and drainage of breast abscess	Minor
Excision of benign tumor, cyst, fibroadenoma	Minor
Mastectomy, radical	Major
Mastectomy, simple	Inter
CARDIOVASCULAR OPERATIONS	
Aneurysm rapair	Major
Arteriography	Inter
Coronary artery bypass,	
3 coronary venous graft	Major
5 coronary venous graft	Complex
Percutaneous transluminal coronary angioplasty (PTCA)	Major
Varricose veins with ligation, division & complete stripping	Inter

Description of Surgical Operations	Category
GASTROINTESTINAL TRACT	
Colonoscopy	Minor
Gastroscopy	Minor
Haemorrhoidectomy	Inter
Percutaneous biopsy of pancreas	Minor
Proctoscopy or sigmoidoscopy	Minor
Open biopsy of pancreas	Major
Repair of inguinal hernia	Inter
Splenectomy	Major
Total esophagectomy with small bowel reconstruction	Complex
Appendectomy	Inter
Cholecystectomy	Major
Hepatectomy, partial lobectomy	Major
Liver transplant	Complex
URINARY TRACT	
Cystoscopy	Minor
Cystoscopy with fulguration of bladder tumor	Inter
Cystectomy	Major
Extracorporeal shock wave lithotripsy (ESWL)	Inter
Nephrolithotomy	Major
Nephrectomy	Major
Percutaneous renal biopsy	Minor
MALE GENITAL TRACT	
Circumcision	Minor
Epididymectomy	Inter

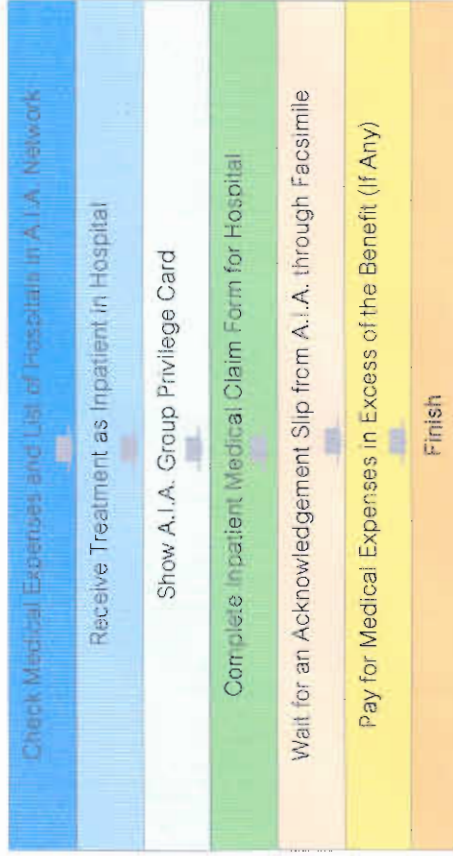
Description of Surgical Operations	Category
Excision of Hydrocele	Inter
Orchiectomy	Inter
Transurethral resection of prostate (TURP)	Major
Transurethral destruction of prostate tissue By microwave thermotherapy	Inter
GYNAECOLOGICAL	
Bilateral oophorectomy, partial or total	Inter
Cauterisation of cervix	Minor
Colposcopy with or without LEEP	Minor
Cone biopsy of cervix	Minor
Dilation and / or curettage	Minor
Excision of Bartholin's cyst	Minor
Hysterectomy	Major
Myomectomy	Inter
Removal of cervical polypi	Minor
Salpingectomy	Inter
MISCELLANEOUS SURGIACAL OPERATIONS	
Epidural injection	Minor

Note : If the operation performed is not included in the list , we reserve the right to determine its category using an operation of equivalent difficulty and severity as a basis.

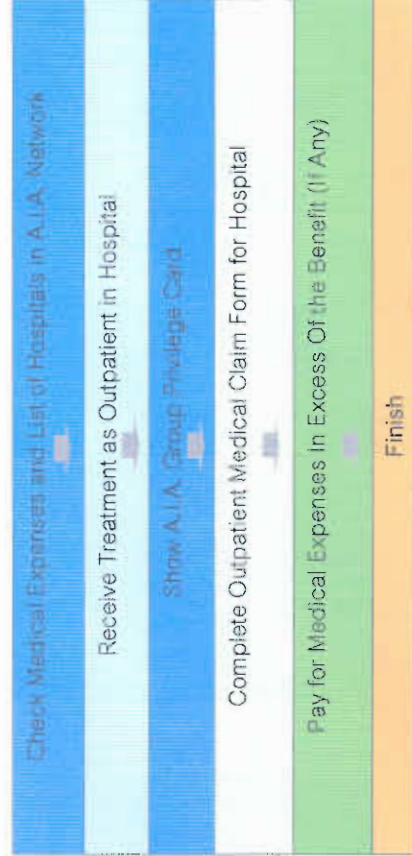
Medical Insurance Claim For Hospitals in A.I.A. Network

Covered members receiving hospital treatment as inpatients, outpatients, or emergency outpatients with A.I.A. network hospitals are facilitated by their FCS service.

Inpatient Treatment



Outpatient Treatment



For Hospitals not in A.I.A. Network or Emergency Medical Treatment Overseas

Covered members can claim for inpatient or outpatient medical treatment compensation. In the case of emergency treatment:

1. Advance money for the incurred cost of medical treatment;
2. Request for an original medical receipt with cost description and an original medical certificate from the hospital as evidence for Complementing reimbursement.

For Emergency Medical Treatment Overseas

AIA provides 24 hour medical coverage in every location worldwide. Covered persons can claim for medical expenses as inpatient or outpatient or emergency case occurring overseas according to the benefits and terms stated in the policy.

1. Advance money for the incurred cost of medical treatment;
2. Request for an original medical receipt with cost description and an original medical certificate from the hospital as evidence for complementing reimbursement. Complete and send a Medical Insurance Claim Form (as shown in page 30-31) together with a copy of the Group Insurance Card to:

1. Human Resources Department of the School,
Tel: 02-518-0320 Ext. 456

2. Group Insurance Department,
American International Assurance Co., Ltd.
181 AIA Tower, 11st Floor,
Surawongse Road, Suriyawongse Sub-district, Bangrak
District, Bangkok, 10500

The medical expense compensation can be chosen to be paid either by cheque or by crediting into your salary account. In the case of crediting, A.I.A. will send you a statement of expense summary through your Human Resources Department.

Remark:

- The claim must be made within 3 months after leaving the hospital. Sending of documents beyond the specified period may be subject to loss of claiming right if justifiable reason cannot be provided.
- The Medical Insurance Claim Form can be obtained from the Human Resources Department or downloaded from the Group Insurance Department's Website at www.gmd.aia.co.th.

Inpatient Claim – use green form

AMERICAN INTERNATIONAL ASSURANCE CO., LTD
 Group: A1, Title: Bangkok, Tel: 654-8888

MEDICAL BENEFIT FORM

For: AIA

Part 1 : For Insured Employee use

Name of Employer	Ruamruedee International school	Age	Sex	Group Policy No.	11938
Name of Insured Employee	Surachai Chidpangtum	Age	Sex	Contract No.	600008192
Name of Dependent (i.e. valid if over 18 years of age)		Age	Sex	Relationship to Insured Employee	
Age	Sex	Occupation			

Total Amount Claimed under this Claim Form (less amount reimbursed by other insurances or compensation for the same clinical expenses)

Yes No

Is insured employee/patient alien Yes No Other

In case of dependent is an claimant please fill in the employee's dependent

Authorization to Consult Physician Hospital or Clinic
 I hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated, to give full particulars about my health including my whole medical history, to the AMERICAN INTERNATIONAL ASSURANCE COMPANY, LIMITED. A photostatic copy of this authorization shall have the full effect of the original authorization.

If an employee's dependent is a claimant, please sign here

Insured Employee Sign here

Signature of Insured Employee (Age 18 years)

Date Signed

Outpatient Claim – use yellow form

AMERICAN INTERNATIONAL ASSURANCE CO., LTD
 Group: A1, Title: Bangkok, Tel: 654-8888

GROUP CLINICAL BENEFIT CLAIM FORM

For Physician use

Physician Name: _____ Patient: _____ Age: _____
 Diagnosis: _____ Date of treatment: _____ Signature: _____

Instructions:

- This form is to be completed by the Insured Employee and separate forms must be used for different claimants (i.e. when)
- Claim for clinical expenses should be
- Original bills and receipts for the claim
- Claim for expenses incurred in buying
- Receipts must be supported by the attending physician's prescription and/or recommendation for treatment
- No benefit is payable for the items listed under "LIMITATION" on the reverse side of this form.

For fast action, please enter number of policy and certification. (See Group Privilege card)

Name of Employer	Ruamruedee International school	Clinic Policy No.	11938
Name of Insured Employee	Surachai Chidpangtum	Contract No.	600008192
Name of Claimant (i.e. Patient) other than Insured Employee		Relationship to Insured Employee (VWV)	
Age Last Birthday	Sex	Age AIA Use	

Total Amount Claimed under this Claim Form (less amount reimbursed by other insurance or compensation for the same clinical expenses)

Treatment Base

Authorization to Consult Physician Hospital or Clinic
 I hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated, to give full particulars about my health including my whole medical history, to the AMERICAN INTERNATIONAL ASSURANCE COMPANY, LIMITED. A photostatic copy of this authorization shall have the full effect of the original authorization.

In case of dependent is an claimant please fill in the employee's dependent

If an employee's dependent is a claimant, please sign here

Insured Employee Sign

Signature of Insured Employee (Age 18 years)

Date Signed

How to utilize benefits

You can utilize different health coverage's to utilize your medical benefits as well. For example Room & Board benefit under this plan is 6,000 Baht. Then, you can also use social security to provide extra 700 Baht, which will entitle you a total 6,700 Baht. for Room& Board benefit. This approach can be applied to other benefit items as well

Claiming procedure for when you can also claim from others

Medical insurance claim are understood by many that with claiming right from others in place, joining this insurance plan is unnecessary. As a matter of fact, this whole insurance plan is not redundant to the rights you already have, but provides you with additional items giving more medical benefits. As an example, If you are entitled to medical treatment cost, room charge and meal cost at 2,000 Baht per day and the scheme under this plan entitle you to 6,000 Baht, then you can receive medical treatment at a hospital with room rate at 8,000 Baht. This applies to other items as well. In order to fully receive the benefits provided, follow the applicable procedures below.

Claim from Government Agency or Social Security Office

Make a copy of the claim documents which are signed by the hospital or claimant. Once the payment is made, make a copy of the payment slip and send it together with the copy of claim documents to A.I.A. for reimbursing the difference.

Claim from Co-Insurer

All original documents are required to be sent together with the payment slip of the co-insurer to A.I.A. for reimbursing the excess. Frequently seen rights like social security, Labor Compensation Fund Insurance Act, and civil servant spouse already have personal insurance.

Remark: All documents can be submitted to a hospital for doing the claim, subject however to the service of each hospital

Using Health Insurance Card

The privilege card was specially designed only for Ruamrudee International School, with photo of yours, your spouse and child put at the front side of the card to ease you from having to use it together with your passport or identification card.

Sample Health Insurance Card & Description



Policy No. :	Beginning Date	Exp. :	Expired Date
Period Start :			
Name :			
Medical Benefit :			
IPD (FCS) :	Hospitalization Benefit (IPD) per day ,Fax Claim Services		
ER Acc. :	Emergency Accidentance Benefit per time		
OPD Credit :	Out-Patient Benefit Credit per call (30 calls per contract years)		

When the card is lost, you have to:

- Lodge complaint with a police and submit the complaint paper or its copy to the Human Resources of the School.
- Obtain a certificate from the School for our card replacement.
- **Replacement for new card Fee: 300 Baht.**

Name/Surname Change

- Return the existing card;
- Attach the name/surname change paper;
- Fill out the application form (white color).
- **Replacement for new card fee: 300 Baht.**

Payment of Claims

Reimbursement Procedures (In case of no Privileged Card)

1.Regular reimbursement for In-Patient and Out-Patient

- 1.1 Request a Medical Claim Form from the HR Department of Ruamrudee International School
 - 1.2 Fill in the form (Part 1 – For employee) according to the guidelines and request the doctor to complete the diagnosis followed by his signature (Part 2 – For medical examiner). The green form is for In-patient, whereas the yellow one is for Outpatient. In case of having treatment in a Government Hospital, the above form can be attached with a Letter of Medical Examiner afterwards if unable to bring along the form.
 - 1.3 Consolidate the completed form together with original receipts and a Letter of Medical Examiner (in case the doctor did not fill in Medical Claim Form in Part 2) and submit to AIA through HR within 90 days as from the treatment date).
- (In case of having Privileged Card)**
2. **Reimbursement for In-Patient by FCS (Fax Claim Services)**
FCS (Fax Claim Services) shall be serviceable for In-Patient of those hospitals, which registered for AIA FCS System, and where the FCS sign is displayed at the Hospital Cashier Counter.

FCS (Fax Claim Services) Procedures for In-Patient

1. When admitted to the hospital, the insured is required to show their FCS Member Card to the hospital.
2. The Hospital will examine the insured member's name and last name in accordance with their FCS Member Card.
3. The insured fills in the Medical Claim Form and hands it to the doctor to complete his part.
4. Before checking out of the Hospital, the insured should notify the Hospital Cashier Counter in advance.
5. The Hospital Cashier Officer will issue an invoice along with the completed Medical Claim Form to be faxed to AIA via fax no. 267-6580, 237-0498.
6. AIA will calculate base on the insured member's benefit and fax back the amount absorbed by AIA, and also by the insured if the expense exceeds the maximum benefit for the insured.
7. The Hospital Cashier Officer mails the invoice, Medical Claim Form, Claim Payment Confirmation to reimburse the expense from Group Insurance Dept., 11th Floor, American International Assurance Co., Ltd.
8. AIA shall issue a check payable to the hospital matching the name stated in the invoice and send it to the Hospital within 15 working days.
9. The Hospital will send an original receipt back to AIA.

Limitations

- 1. Service Hours:** Monday-Friday (08:00 am.-16:00 p.m.)
Saturday – Sunday (08:30 am.-15:00p.m.)
Public Holidays (08:30 am.-15:00p.m.)
(Except for April 13-15, December 31 - January 1)
- This service will be provided via fax no. 0-2267-6580, 0-2237-0498.
- The Company reserves the right to consider payment of claims that are in exclusion of In-Hospital & Surgical policy such as but not limited to Pregnancy, Dental Treatment, psychotic disorders, plastic surgery or any treatment that is not necessary for hospital confinement including any investigation needed on case-by-case basis.
- During the policy's anniversary, the Company shall not consider any claims occurred unless a confirmation to renew the policy or to pay the premium is confirmed by the employer.
- In the case that any changes to the insured member's 'Name & Last Name' (as a patient) are not in line with what is specified in the enrollment, the Company reserves the right not to consider payment of claim, except that the Company received such proof of changes.

For this FCS (Fax Claim Services) system, the insured will have to wait about 30-45 minutes to pay for excess amount to the hospital after the hospital faxed the document to AIA

However, if the insured (patient) is unable to utilize the above service, payment by "Credit Card" or "Cash" is also acceptable provided that the insured has to settle all payment to the Hospital and then follow the Reimbursement guideline No. 1.

Remarks:

The above benefits are only a summary handbook for the insured. These criteria and also other benefit conditions will be stated on the policy contract issued by American International Assurance Co., Ltd.

Prepared by: Group Insurance Department / AIA
Date: 1 July 2008

Q&A about Group Health Insurance

- 1.Q. How does the insurance policy coverage work?**
 - A.** The coverage is 24 hours worldwide so long as you are an employee under the terms and conditions stated in the policy.
- 2.Q. Is the coverage for hospital admission on a per-time basis?**
 - A.** The coverage provided by the insurance company is on a per-disease basis, which means any admission for treatment due to the same cause, including complication in connection with that illness or injury, or any injury occurring in the same time from other causes during the hospital stay. Any subsequent medical treatment after the last leaving from the hospital for 45 days is considered a new illness.
- 3.Q. Which hospitals are available for my treatment?**
 - A.** You can receive medical treatment at any hospitals legally registered. However, if you are admitted to a contracting party hospital of the insurance company, you either pay no advance money or pay only the excess according to the Benefit Schedule. You can also be admitted to a non-contracting party hospital, but you have to pay advance money first and then subsequently reimburse it from the insurance company using the original medical receipt and medical certificate. In the absence of your health insurance card, it will also result in your advance payment and subsequent reimbursement.
- 4.Q. If I receive treatment from a contracting party hospital which is also a social security one, what should I do?**
 - A.** Before receiving medical treatment, you should present your social security card together with your health insurance card to enjoy more coverage due to the fact that the social security pays for you everything except a limited amount of room charge. With two cards, you can choose a better room because the room charge in excess of that covered by the social security can be reimbursed from the health insurance.
- 5.Q. What do surgical expenses include?**
 - A.** They include surgeon and assistant surgeon fees.

13.Q. Is acupuncture covered?

A. Any non-modern and alternative treatments such as acupuncture, natural therapy, massage and chiropractic are exceptions in the policy.

14.Q. Is receiving a non-admission surgery, such as endoscope, covered?

A. For operation performed with unnecessary hospital stay, so called "day case", or GI endoscope, routine pterygium removal, or simple breast tumor surgery, they, and other expenses in connection therewith, are covered according to the inpatient coverage.

15.Q. If I am infected or encounter an accident with received treatment as an inpatient and need continuous physical therapy thereafter, is my physical therapy covered?

A. An ill inpatient's physical therapy is covered and reimbursable under the continuous medical consultation benefit after receiving treatment from a clinic. An accident inpatient is covered for his/her continuous treatment after leaving the hospital for not exceeding 31 days and not exceeding the general expenses benefit stated in the policy.

16.Q. How long does it take for processing medical receipt, claim form and medical certificate?

A. 14 business days from the date documents are complete.

17.Q. How many days does it normally take for card replacement?

A. The insurance company takes about 10 business days after receiving complete data.

18.Q. If I present a group insurance privilege card to an A.I.A. network hospital but am denied, what should I do?

A. During business hours, ask the financial officer to call AIA's Claim Department. Out of business hours, request the name of your contacting person and department and call the Claim Department during business hours for us to check the cause to prevent reoccurrence in the future.

6. Q. In the event of emergency accident, injury or broken tooth, how do you cover the medical expenses? If an artificial tooth is needed, will it be covered?

A. We cover such basic treatments as tooth removal and tooth x-ray, but not including dental rehabilitation, orthodontics, dental crown, tartar removal, inlays and artificial tooth.

7. Q. Is physical checkup covered?

A. No, because it is an exception in the policy.

8. Q. Is receiving medical treatment due to fighting covered?

A. No, because it is an exception in the policy.

9. Q. Are telephone, facsimile bills, newspapers, television and video covered?

A. No.

10. Q. If I am bitten by a dog and need continuous inoculation, do I always need a medical receipt and certificate for reimbursements?

A. Yes, both are always needed for claim.

11. Q. If I encounter an accident in a car crash and must be admitted to a hospital, am I covered?

A. Yes, because this policy extends its coverage to emergency accidents in the case that you experience an emergency accident and are admitted within 24 hours as an outpatient (OPD). The expenses can be reimbursed as stated and the treatment can be received continuously within 31 days from the date of accident.

12. Q. If I stay in a hospital for more than 6 hours but registered as an inpatient such as when I stay in an emergency room or merely receive saline solution, does IPD claim apply?

A. Yes, but the hospital is required to specify the treatment time in the Claim Form.