Option 1 – As per the expiring Coverage Plans

	Panyapiwat Institute of Management for Students Limit of Liability (THB)								
Benefits									
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9
Life Assurance	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
Hospitalization									
1. Room & Board/Day (No limit day per disability)	1,500	2,000	2,500	3,000	3,500	4,000	5,000	6,000	7,000
ICU/Day (Maximum 15 Days/Disability)	3,000	4,000	5,000	6,000	7,000	8,000	10,000	12,000	14,000
General Hospital Services (Maximum/Disability)	15,000	20,000	25,000	30,000	35,000	40,000	50,000	60,000	70,000
(including OPD follow up within									
31 days after discharge from									
the hospital)									
Surgical Fee (As charged) (Maximum/Disability)	15,000	20,000	25,000	30,000	35,000	40,000	50,000	60,000	70,000
4. Doctor's Visit/Day (No limit day per disability)	800	1,000	1,200	1,400	1,600	1,800	2,000	3,000	4,000
5. Specialist's Consultation Fee	2,000	3,000	4,000	5,000	6,000	7,000	5,000	6,000	7,000
(Excluded from items 2. or 3.)									
6. Emergency OPD (Accidental)	1,500	2,000	2,500	3,000	3,500	4,000	3,000	4,000	5,000
(Excluded from item 2.)									
(Maximum/Disability) within 72 hours									
7. Ambulance Services/Disability	1,500	2,000	2,500	3,000	3,500	4,000	5,000	6,000	7,000
(Included in item 2.)									
Outpatient Treatment									
Maximum/Visit (Extend to cover PhysicalTherapy) (Maximum 30	800	1 000	1 200	1 500	2,000	2 500	2.500	2 000	2 500
visits/year)	800	1,000	1,200	1,500	2,000	2,500	2,500	3,000	3,500
X-Ray and Lab Test per year	2,000	2,000	2,000	2,000	2,000	2,000	4,000	4,000	4,000
Duamage 2.1 December Duamage Day Dayson Day Veey	Diam 4	DI 3	DI 2	Diam 4	Plan 5	Diam C	DI 7	Diam 0	N 0
Proposal 3.1 Round : Premium Per Person Per Year	Plan 1	Plan 2	Plan 3	Plan 4		Plan 6	Plan 7 48.30	Plan 8 48.30	Plan 9
Life Assurance Hospitalization	48.30	48.30 3,064.00	48.30	48.30 4,562.00	48.30	48.30			48.30
·	2,316.00	3,064.00	3,813.00	4,562.00	5,310.00	6,059.00	7,438.00	9,156.00	10,875.00
Dental Output Treatment	2,172.00	2,671.00	2 170 00	2.010.00	- - 162.00	- 6 400 00	6 400 00	7.655.00	9,002,00
Outpatient Treatment	·	, ,	3,170.00	3,918.00	5,163.00	6,409.00	6,409.00	7,655.00	8,902.00
X-Ray and Lab	143.00	143.00	143.00	143.00	143.00	143.00	285.00	285.00	285.00
Total	4,679.30	5,926.30	7,174.30	8,671.30	10,664.30	12,659.30	14,180.30	17,144.30	20,110.30