

Age 61 to Age 65

Renewable for Life

| Insurance Company Insurance Plan Benefit Maximum Per Disability Benefit Maximum Per Year Lifetime Maximum | High-End Insurance Coverage | | | | | | |
|---|-----------------------------|------------------|------------------|-------------------|-------------------|------------------|------------------|
| | NZI-IG | NZI-IG | NZI-IG | LMG | LMG | LMG | LMG |
| | Comprehensive | Select | Standard | Ultra Care* 1 | Ultra Care* 2 | Maxi Care* 1 | Maxi Care* 2 |
| | 80,000,000 | 80,000,000 | 34,000,000 | 20,000,000 | 20,000,000 | 5,000,000 | 5,000,000 |
| | 80,000,000 | 80,000,000 | 34,000,000 | N/A | N/A | N/A | N/A |
| | N/A | N/A | N/A | 80,000,000 | 80,000,000 | 20,000,000 | 20,000,000 |
| Room and board including nursing service. | 100% | 100% | 100% | 16,000/day | 16,000/day | 8,000/day | 8,000/day |
| Daily Charges for Intensive Care Unit (ICU) | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Hospital General Expenses. | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Emergency OPD for accident within 24 hours | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Emergency Local Ambulance | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Actual Surgical Expenses | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| In-Patient Physician's fees | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Post-Hospitalization OPD follow up | 90 days | 90 days | 90 days | With OPD | With OPD | With OPD | With OPD |
| Supplemental Major Medical | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Emergency Evacuation and Repatriation | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Daycare Surgery (not overnight) | Yes | Yes | Yes | Optional | Optional | Optional | Optional |
| Chronic Conditions - Maintenance | 34,000 | 17,000 | No benefit | With OPD | With OPD | With OPD | With OPD |
| OPD Kidney Dialysis / Cancer Treatment | Limited | Limited | Limited | Limited | Limited | Limited | Limited |
| Organ Transplant | 13,600,000 | 13,600,000 | 13,600,000 | 2,000,000 | 2,000,000 | 1,000,000 | 1,000,000 |
| Nursing Care at Home | 170,000 | 170,000 | 102,000 | 100%/limit | 100%/limit | 100%/limit | 100%/limit |
| Wellness Benefit | 10,200 | No benefit | No benefit | No benefit | No benefit | No benefit | No benefit |
| Personal Accident (PA) - Accidental Death and Dismemberment lump-sum coverage | 1,000,000 | 1,000,000 | 1,000,000 | 400,000 | 400,000 | 200,000 | 200,000 |
| Worldwide Coverage | Yes-limited U.S. | Yes-limited U.S. | Yes-limited U.S. | Optional | Optional | Optional | Optional |
| Full Coverage in the USA | Emergency | Emergency | No benefit | Optional | Optional | Optional | Optional |
| No Claims Discount | Yes | Yes | Yes | No benefit | No benefit | No benefit | No benefit |
| Maternity Coverage | Optional | Optional | Optional | Included | Included | Included | Included |
| Dental Coverage | Emergency | No benefit | No benefit | Optional | Optional | Optional | Optional |
| Vision Benefit | No benefit | No benefit | No benefit | Optional | Optional | Optional | Optional |
| Psychiatric Care | No benefit | No benefit | No benefit | 100,000 | 100,000 | 50,000 | 50,000 |
| Minimum age for enrollment | 15 days | 15 days | 15 days | 15 days | 15 days | 15 days | 15 days |
| Maximum age for enrollment | 74 | 74 | 74 | 66+ | 66+ | 66+ | 66+ |
| Minimum payment option | Monthly | Monthly | Monthly | Semi-Annual | Semi-Annual | Semi-Annual | Semi-Annual |
| Coverage for accidents begins | Immediately | Immediately | Immediately | Immediately | Immediately | Immediately | Immediately |
| Coverage for illness begins | Immediately | Immediately | Immediately | After 30 days | After 30 days | After 30 days | After 30 days |
| Renewable to Age: | life | life | life | life | life | life | life |
| Renewal Guaranteed | No | No | No | Yes | Yes | Yes | Yes |
| Physical Exam Required | No | No | No | Age 60+ | Age 60+ | Age 60+ | Age 60+ |
| Deductibles to Reduce Premium | Optional | Optional | Optional | Optional | 40,000 Baht | Optional | 40,000 Baht |
| Out Patient Coverage (OPD) | Deductible | Deductible | No benefit | Optional | Optional | Optional | Optional |
| Hospital In-patient (IP) coverage only -Annual Pay | 209,071 | 189,879 | 133,287 | 92,822 | 69,616 | 60,180 | 45,135 |
| Inpatient (IP) and Outpatient (OP) | 229,796 | 208,683 | No OPD | 116,027 | 87,020 | 75,225 | 56,419 |

*NZI-IG (InterGlobal) offers 1 additional plan with slightly more coverage

*Treatment Area Limitations for elective medical treatment - Acute illness & accidents covered worldwide

The information shown above is not intended to tell you everything about each plan. It is only intended to provide a simple basis for comparison.

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For further information on the above plans please contact:

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| Insurance Company Insurance Plan Benefit Maximum Per Disability Benefit Maximum Per Year Lifetime Maximum | Low-End Insurance Coverage | | |
|---|----------------------------|-----------|----------|
| | LMG | LMG | LMG |
| | Premier | Executive | Standard |
| | 593,000 | 340,000 | 200,000 |
| | N/A | N/A | N/A |
| | N/A | N/A | N/A |

| | | | |
|---|-------------------|-------------------|-------------------|
| Room and board including nursing service. | 5,000 | 3,000 | 1,500 |
| Daily Charges for Intensive Care Unit (ICU) | 10,000 | 6,000 | 3,000 |
| Hospital General Expenses. | 50,000 | 30,000 | 20,000 |
| Emergency OPD for accident within 24 hours | 10,000 | 6,000 | 4,000 |
| Emergency Local Ambulance | Yes | Yes | Yes |
| Surgical Maximum (surgical schedule) | 80,000 | 50,000 | 40,000 |
| Surgical Schedule (Percentage of Max) % of schedule | | | |
| In-Patient Physician's fees (Per Day) | 1,200 | 800 | 500 |
| Post-Hospitalization OPD follow up | 30 days | 30 days | 30 days |
| Supplemental Major Medical | No benefit | No benefit | No benefit |
| Emergency Evacuation and Repatriation | No benefit | No benefit | No benefit |
| Chronic Conditions - Maintenance | No benefit | No benefit | No benefit |
| Organ Transplant | Yes - low cover | Yes - low | Yes - low |
| Maternity Coverage | No benefit | No benefit | No benefit |
| Dental Coverage | No benefit | No benefit | No benefit |
| Personal Accident (PA) - Accidental Death and Dismemberment lump-sum coverage | 100,000 | 75,000 | 50,000 |
| Nursing Care at Home | No benefit | No benefit | No benefit |
| Psychiatric care | No benefit | No benefit | No benefit |
| Wellness Benefit | No benefit | No benefit | No benefit |
| No Claims Discount | No benefit | No benefit | No benefit |
| Family Discount | No benefit | No benefit | No benefit |
| Worldwide Coverage | Yes | Yes | Yes |
| Full Coverage in the USA | Yes | Yes | Yes |
| Minimum age for enrollment | 15 days | 15 days | 15 days |
| Maximum age for enrollment | 80+ | 80+ | 80+ |
| Minimum payment option | Annual | Annual | Annual |
| Coverage for accidents begins | Immediately | Immediately | Immediately |
| Coverage for illness begins | After 30 days | After 30 days | After 30 days |
| Renewable to Age: | Life | Life | Life |
| Renewal Guaranteed | No | No | No |
| Physical Exam Required | Age 60+ | Age 60+ | Age 60+ |
| Optional Deductibles to Reduce Premium | No | No | No |
| Out Patient Coverage (OPD) | Optional | Optional | Optional |
| Total Inpatient (IP) only premium | 24,954 | 15,241 | 9,156 |
| Inpatient (IP) and Outpatient (OP) | 35,833 | 25,241 | 14,904 |

All Figures are in Thai Baht

Age 61 to Age 65

Renewable to Age 80

| Insurance Company | THI | THI | THI | THI | THI | THI | | THI | THI | THI | THI | THI | THI |
|---|----------------|----------------|----------------|----------------|----------------|----------------|--|----------------|----------------|----------------|----------------|----------------|----------------|
| | WH 12000 | WH 6000 | WH 4000 | WH 3000 | WH 2000 | WH 1500 | | SP 12000 | SP 6000 | SP 4000 | SP 3000 | SP 2000 | SP 1500 |
| Insurance Plan | WH 12000 | WH 6000 | WH 4000 | WH 3000 | WH 2000 | WH 1500 | | SP 12000 | SP 6000 | SP 4000 | SP 3000 | SP 2000 | SP 1500 |
| Benefit Maximum Per Disability | 2,400,000 | 1,200,000 | 800,000 | 600,000 | 400,000 | 300,000 | | 1,200,000 | 600,000 | 400,000 | 300,000 | 200,000 | 150,000 |
| Benefit Maximum Per Year | 2,400,000 | 1,200,000 | 800,000 | 600,000 | 400,000 | 300,000 | | 1,200,000 | 600,000 | 400,000 | 300,000 | 200,000 | 150,000 |
| Lifetime Maximum | N/A | N/A | N/A | N/A | N/A | N/A | | N/A | N/A | N/A | N/A | N/A | N/A |
| E-Insure's Coverage Rating | | 850 | 500 | 375 | 250 | 177 | | 300 | 150 | 100 | 75 | 50 | 38 |
| Room and Board and Nursing Services | 12,000 | 6,000 | 4,000 | 3,000 | 2,000 | 1,500 | | 12,000 | 6,000 | 4,000 | 3,000 | 2,000 | 1,500 |
| Hospital General Expenses. | 120,000** | 60,000+ | 40,000+ | 30,000+ | 20,000 | 15,000 | | 120,000 | 60,000 | 40,000 | 30,000 | 20,000 | 15,000 |
| Additional Hospital General Exp. Coverage (Major Medical) | 90% / 10% | 90% / 10% | 90% / 10% | 90% / 10% | 90% / 10% | 90% / 10% | | None | None | None | None | None | None |
| Emergency OPD for accident within 24 hours | 24,000 | 12,000 | 8,000 | 6,000 | 4,000 | 3,000 | | 24,000 | 12,000 | 8,000 | 6,000 | 4,000 | 3,000 |
| Surgery Coverage (basic maximum) | 180,000 | 120,000 | 60,000 | 45,000 | 30,000 | 22,500 | | 180,000 | 90,000 | 60,000 | 45,000 | 30,000 | 22,500 |
| Actual expenses or by Surgery Schedule? | Actual | Actual | Actual | Actual | Actual | Actual | | Actual | Actual | Actual | Actual | Actual | Actual |
| Additional Surgery Coverage (Major Medical) | 90% / 10% | 90% / 10% | 90% / 10% | 90% / 10% | 90% / 10% | 90% / 10% | | None | None | None | None | None | None |
| In-Patient Physician's fees | 3,000 | 1,500 | 1,000 | 750 | 500 | 375 | | 3,000 | 1,500 | 1,000 | 750 | 500 | 375 |
| Post-Hospitalization OPD follow up | 30 days | 30 days | 30 days | 30 days | 30 days | 30 days | | 30 days | 30 days | 30 days | 30 days | 30 days | 30 days |
| Emergency Evacuation and Repatriation | Worldwide | Worldwide | Worldwide | Worldwide | Worldwide | Worldwide | | No benefit | No benefit | No benefit | No benefit | No benefit | No benefit |
| Maternity Coverage | No benefit | No benefit | No benefit | No benefit | No benefit | No benefit | | No benefit | No benefit | No benefit | No benefit | No benefit | No benefit |
| Dental Coverage | No benefit | No benefit | No benefit | No benefit | No benefit | No benefit | | No benefit | No benefit | No benefit | No benefit | No benefit | No benefit |
| Minimum age for enrollment | 15 days | 15 days | 15 days | 15 days | 15 days | 15 days | | 15 days | 15 days | 15 days | 15 days | 15 days | 15 days |
| Maximum Age for Enrollment | 65 | 65 | 65 | 65 | 65 | 65 | | 65 | 65 | 65 | 65 | 65 | 65 |
| Renewable to Age: | 80 | 80 | 80 | 80 | 80 | 80 | | 80 | 80 | 80 | 80 | 80 | 80 |
| Minimum payment option | Annual | Annual | Annual | Annual | Annual | Annual | | Annual | Annual | Annual | Annual | Annual | Annual |
| Physical Exam Required | No | No | No | No | No | No | | No | No | No | No | No | No |
| Hospital In-patient (IP) coverage only -Annual Pay | 85,903 | 61,579 | 41,311 | 31,176 | 21,041 | 15,974 | | 58,357 | 41,833 | 28,062 | 21,177 | 14,292 | 10,850 |
| Out Patient Coverage (OPD) options | 7 Options | 7 Options | 7 Options | 7 Options | 7 Options | 7 Options | | 7 Options | 7 Options | 7 Options | 7 Options | 7 Options | 7 Options |
| Daily Coverage for OPD (30 visits) | 600 - 3,000 | 600 - 3,000 | 600 - 3,000 | 600 - 3,000 | 600 - 3,000 | 600 - 3,000 | | 600 - 3,000 | 600 - 3,000 | 600 - 3,000 | 600 - 3,000 | 600 - 3,000 | 600 - 3,000 |
| X-ray and laboratory tests (Per year) | 6,000 - 30,000 | 6,000 - 30,000 | 6,000 - 30,000 | 6,000 - 30,000 | 6,000 - 30,000 | 6,000 - 30,000 | | 6,000 - 30,000 | 6,000 - 30,000 | 6,000 - 30,000 | 6,000 - 30,000 | 6,000 - 30,000 | 6,000 - 30,000 |
| Cost for both Inpatient (IP) and Outpatient (OP) cover | 108,339 | 84,015 | 63,747 | 53,612 | 43,477 | 31,319 | | 80,793 | 64,269 | 50,498 | 43,613 | 36,728 | 33,286 |

*Up to the benefit maximum

Age 61 to Age 65

Renewable to Age 70

| High End Coverage | | | |
|--|-----------------------|-----------------------|-----------------------|
| Insurance Company | BUPA | BUPA | BUPA |
| Insurance Plan | Platinum 3 | Platinum 2 | Platinum 1 |
| Benefit Maximum Per Disability | 5,000,000 | 2,000,000 | 1,000,000 |
| Benefit Maximum Per Year | N/A | N/A | N/A |
| Lifetime Maximum | N/A | N/A | N/A |
| Room and board including nursing service. | 12,000/day | 10,000/day | 8,000/day |
| Daily Charges for Intensive Care Unit (ICU) | 16,000/day | 16,000/day | 16,000/day |
| Hospital General Expenses. | 100% | 100% | 100% |
| Emergency OPD for accident within 24 hours | 20,000 | 15,000 | 10,000 |
| Emergency Local Ambulance | 2,000 | 2,000 | 2,000 |
| Actual Surgical Expenses | 100% | 100% | 100% |
| In-Patient Physician's fees | 100% | 100% | 100% |
| Post-Hospitalization OPD follow up | 30 days | 30 days | 30 days |
| Supplemental Major Medical | N/A | N/A | N/A |
| Emergency Evacuation and Repatriation | Yes | Yes | Yes |
| Daycare Surgery (not overnight) | Optional | Optional | Optional |
| Chronic Conditions - Maintenance | With OPD | With OPD | With OPD |
| Organ Transplant | No benefit | No benefit | No benefit |
| Nursing Care at Home | No benefit | No benefit | No benefit |
| Maternity Coverage | Optional | Optional | Optional |
| Wellness Benefit - for routine check ups & exams | 1,000/year | 700/year | 500/year |
| Personal Accident (PA) - Accidental Death and Dismemberment | 100,000 | 100,000 | 100,000 |
| Worldwide Coverage | Yes, except US | Yes, except US | Yes, except US |
| Full Coverage in the USA | Accident only | Accident only | Accident only |
| No Claims Discount - Paid 6 months after renewal | Yes - 10% | Yes - 10% | Yes - 10% |
| Family Discount | Yes - 10% | Yes - 10% | Yes - 10% |
| Dental Coverage | No benefit | No benefit | No benefit |
| Vision Benefit | No benefit | No benefit | No benefit |
| Psychiatric Care | No benefit | No benefit | No benefit |
| Minimum age for enrollment | 15 days | 15 days | 15 days |
| Maximum age for enrollment | 65 | 65 | 65 |
| Minimum payment option | Annual | Annual | Annual |
| Coverage for accidents begins | Immediately | Immediately | Immediately |
| Coverage for illness begins | After 30 days | After 30 days | After 30 days |
| Renewable to Age: | 70 | 70 | 70 |
| Renewal Guaranteed | Yes | Yes | Yes |
| Age is determined by age | Last Birthday | Last Birthday | Last Birthday |
| Physical Exam Required | No | No | No |
| Optional Deductibles to Reduce Premium | No benefit | No benefit | No benefit |
| Out Patient Coverage (OPD) | Optional | Optional | Optional |
| Hospital In-patient (IP) coverage only -Annual Pay | 87,352 | 74,430 | 67,424 |
| Inpatient (IP) and Outpatient (OP) premium | 111,787 | 98,864 | 91,858 |

| Medium to low end coverage | | | |
|---|-----------------------|-----------------------|-----------------------|
| Insurance Company | BUPA | BUPA | BUPA |
| Insurance Plan | Diamond | Emerald | Ruby |
| Benefit Maximum Per Disability | 600,000 | 500,000 | 400,000 |
| Benefit Maximum Per Year | N/A | N/A | N/A |
| Lifetime Maximum | N/A | N/A | N/A |
| Room and board including nursing service. | 5,000 | 4,000 | 2,500 |
| Daily Charges for Intensive Care Unit (ICU) | 10,000 | 8,000 | 5,000 |
| Hospital General Expenses. | 50,000+ | 40,000 | 30,000 |
| Additional Hospital General Exp. coverage | 80% | 80% | 80% |
| Emergency OPD for accident within 24 hours | 7,000 | 5,000 | 4,000 |
| Emergency Local Ambulance | 1,000 | 1,000 | 1,000 |
| Surgery Coverage (basic maximum) | 70,000+ | 50,000+ | 40,000 |
| Actual expenses or by Surgery Schedule? | %Schedule | %Schedule | %Schedule |
| Additional Surgery Coverage | 80% | 80% | 80% |
| In-Patient Physician's fees | 1,200 | 900 | 600 |
| Post-Hospitalization OPD follow up | 30 days | 30 days | 30 days |
| Emergency Evacuation and Repatriation | No benefit | No benefit | No benefit |
| OutPatient Kidney Dialysis | No benefit | No benefit | No benefit |
| Outpatient Cancer Treatment | No benefit | No benefit | No benefit |
| Maternity Coverage | Optional | Optional | Optional |
| Personal Accident (PA) - Accidental Death and Dismemberment lump-sum | 100,000 | 60,000 | 40,000 |
| Dental Coverage | No benefit | No benefit | No benefit |
| Worldwide Coverage | Yes, except US | Yes, except US | Yes, except US |
| Full Coverage in the USA | Accident only | Accident only | Accident only |
| No Claims Discount | Yes - 10% | Yes - 10% | Yes - 10% |
| Family Discount | Yes - 10% | Yes - 10% | Yes - 10% |
| Wellness Benefit - for routine check ups & exams | No benefit | No benefit | No benefit |
| Coverage for accidents begins | Immediately | Immediately | Immediately |
| Coverage for illness begins | after 30 days | after 30 days | after 30 days |
| Minimum age for enrollment | 15 days | 15 days | 15 days |
| Maximum Age for Enrollment | 65 | 65 | 65 |
| Renewable to Age: | 70 | 70 | 70 |
| Renewal Guaranteed | Yes | Yes | Yes |
| Age is determined by age last birthday | Yes | Yes | Yes |
| Physical Exam Required | No | No | No |
| Optional Deductibles to Reduce Premium | No benefit | No benefit | No benefit |
| Total Inpatient (IP) only premium | 46,344 | 37,160 | 28,099 |
| Out Patient Coverage (OPD) options | 3 | 3 | 3 |
| Daily Coverage for OPD (30 visits) | 1,500 - 2,500 | 1,000-1,500 | 500 - 1,000 |
| X-ray and laboratory tests (Per year) | No benefit | No benefit | No benefit |
| Inpatient (IP) and Outpatient (OP) premium | 69,392 | 52,533 | 35,786 |

*Up to the benefit maximum