

BAOVIET HEALTH INSURANCE WORDING

Issued in accordance with the Decision No. 1927/2011/Q /TG -BHBV dated June 22, 2011 of the Chief Executive Officer of BAOVIET Insurance Corporation

PART I: GENERAL CONDITIONS

I. Definitions

1. **Accident:** Any sudden and unforeseen event, caused by an external, violent and visible means during the period of insurance, and a directly cause resulting in Bodily Injury to the Insured and occurs beyond the Insured's control.
2. **Bodily Injury:** Injury which is caused directly by an Accident which results in the Insured's dismemberment, disablement.
3. **Temporary Total Disablement:** Disablement to the extent of the Insured being unable to perform the normal duty. However, this disablement does not exist permanently.
4. **Temporary Partial Disablement:** Disablement to the extent of the Insured being unable to perform some tasks in regard of his work for a certain time.
5. **Permanent Total Disablement:** Disablement which makes the Insured be unable to totally and permanently perform the normal duty in regular occupation and any other occupation and lasts 52 consecutive weeks beyond any hope of recovery.
6. **Permanent Partial Disability** means disablement which prevents the Insured from performing part of his normal occupation or employment, and this disablement is beyond any hope of recovery
7. **Illness:** means an abnormal condition marked by a pathological deviation from the normal healthy state.
8. **Pre-existing diseases/Disability** refers to illness/disability which exists before the effective commencement date of the Policy and the Insured suffers :
 - a) has taken the disease treatment for 3 recent years
 - b) has experienced illness/disability symptoms or caught the disease before the date of signing the insurance contract and of which the Insured was aware or should have reasonably been aware
9. **Special diseases** refer to cancer and tumor of all types, hypertension, cardio-vascular diseases, stomach ulcers, chronic inflame of bone joints, intestine ulcers, liver inflammation, inflammation of inside uterus, hemorrhoids, stones in the urinary and billiard systems, , cataract, sinusitis i, Parkison, diabetes, disease relating to recreating blood system such as blood purification, blood exchange transfusion, renal dialysis.

- 10. Permanent Total Disability due to illness/disease:** refers to a completely physical and mental alternation resulting in the inability of the Insured to meet personal, social, or occupational needs, or to meet statutory or regulatory requirements
- 11. Ambulance service** means the ambulance car service provided by any legal Hospital or Clinic in the event of a Medical Emergency or serious accident/illness or diseases to evacuate the Insured to the nearest Hospital/Clinic or from a Hospital/Clinic to another
- 12. Emergency:** The treatment at a medical care unit/clinic within 24 hours for a sudden, serious, unexpected and unforeseen injury or illness which cause serve symptoms requiring immediate medical care, and constituting a hazard for life, health or physical well-being which incurs expenses. Claim documents submitted must be certified by the medical care unit. In case emergency is required when treatment are not within working hours, this will be considered as outpatient.
- 13. Hospital:** refers to a legally medical examination and treatment establishment which is licensed by the State and:
 - a. has capability and the facilities for medical diagnosis , treatment and surgical operation.
 - b. has convenient condition for in-patient treatment and a daily healthcare system to in-patients.
 - c. is not a health recuperation and convalescent home; a special treatment place for the aged, alcoholics and drug addicts; or a base for mental disorder and leprosy treatment.
- 14. Hospitalization:** refers to the necessity for a patient to stay at least 24 hours in the hospital for medical treatment including either childbirth or treatment during pregnancy. In the case that the Hospital can not issue the Admission and/or Discharge Form, the medical report or invoices which show clearly the period of treatment will be accepted as replacing documents. The hospitalization unit is counted by 24-hour or board basis which is shown in the Admission or Discharge Form or in the detail medical record and bills.
- 15. Room and board:** refers to the costs, limited to a standard private room rate (excluding VIP room), and associated charges, including admittance to the intensive care unit, and charges for nursing by a qualified nurse
- 16. Surgical Operation** refers to a scientific method to treat injuries or diseases which are undertaken by a legally licensed surgeon through manual operations with medical instruments or equipments in the hospital including but not limited to arthroscopic surgery, laser surgery.
- 17. Organ Transplantation:** refers to heart, lung, liver, pancreas, kidney or bone marrow transplant surgeries for an Insured performed by a duly qualified physician in a hospital. The expenses for the acquisition of transplant organs and all arising expenses incurred by the donor are not covered under this Policy.
- 18. In-patient:** An insured Person who is admitted to a bed in a Hospital or Clinic which incurs expenses including pre-hospitalization expenses, hospitalization expenses, day-patient expenses, surgical expenses (including day-patient surgical expenses), post-hospitalisation expenses, home nursing and others (if stated) as listed in the Policy Schedule.
- 19. Pre-hospitalization expenses** refer to the examinations such as X-ray, scan and laboratory tests, ordered by a Physician and resulting directly from a condition for which hospitalization is required and performed during 30 days before hospitalization.

- 20. Physician:** refers to a legally licensed medical practitioner recognized by the law of the country where treatment is provided and who, in rendering such treatment, is practicing within the scope of his licensing and training but excluding a Physician who is the Insured Person himself, or the spouse or lineal relative of the Insured Person. A physician may be recognized as a Consultant or a Specialist.
- 21. Prescribed Drugs:** refer to medications which are sold and used under legal regulations and prescriptions of physicians, but not including functional food, medicines for beauty purpose and vitamins unless these vitamins are prescribed by physicians and of which the costs are less than the prescribed drugs.
- 22. Eligible medical expenses:** refer to the expenses incurred for medically necessary treatments provided to an insured for illness, disease and injury by accidents.
- 23. Post-hospitalization treatment:** refer to medical treatment received immediately discharge from Hospital for a continuous period not exceeding 30 days, such treatment being provided or ordered by a physician and resulting directly from the condition for which hospitalization is required. These include consultations with a physician, instrument examinations, x-rays, ultrasound, laboratory tests and prescribed medicines.
- 24. Home nursing:** refer to services of a legally licensed nurse in the Insured's Person abode immediately following a covered in-patient stay in the hospital (the minimum number of hospitalization days is from 7 days). This service must be prescribed by a physician for medical due to specific reasons of medical vision.
- 25. Day-patient:** An insured Person who is admitted to the Hospital, incurring expenses for bed but does not stay overnight
- 26. Treatment:** Surgical, medical or order procedures with the sole purpose of which is the cure or relief of a Medical Condition
- 27. Rehabilitation:** This is not the normal medical treatment. It is a method which aims to help patient to recover from the acute illnesses/conditions to their normal state since the patient is instructed to receive treatment from the rehabilitation center. The limit for rehabilitation does not exceed 10% of Sum Insured per person per year.
- 28. Aid equipment:** All equipments which assist for surgical, disease treatment that to put/implant into any one part of the body for maintaining running of this part including but not limited to disc, metal screws in bone surgery, pacemakers, stapler for hemorrhoids surgical, stents, other aid equipments such as walking aid, trolleys, hearing aids, glasses and other orthotics.
- 29. Prosthesis** means an artificial extension that replaces a missing body part. It is included but not limited to dentures, artificial limbs and crystal glass.
- 30. Maternity care** Expenses for childbirth and miscarriage, or abortion prescribed by Physician, or ovariostomy but not relating to infertility, and any complications arising from pregnancy for the Insured person with respect to normal and complicated delivery.
- 31. New born care:** Any associated In-Patient costs which presents symptoms at birth or which manifest it within 7 days following birth in case the mother is still in the hospital..

- 32. Complications of pregnancy:** treatment of a Medical Condition which arises during the antenatal stages of pregnancy, or a Medical condition which arises during childbirth and requires a recognized obstetric procedure (excluding cesarean sections required on Medical grounds).
- 33. Out-patient:** An insured person who receives treatment at a recognized licensed medical facility (registered at Provincial or City Health Department and Taxation Bureau) but is not admitted to a hospital bed as an In-patient or Day-patient.
- 34. Limit per doctor visit:** limit of necessary expenses for the diagnosis, tests, X-Ray tests and prescribed drugs for one insured person in a certain period of time and does not exceed 24 hour at a registered hospital/clinic is regarded as expenses of one doctor visit. It does not depend on number of diseases or physicians that the Insured has treatment for that visit.
- 35. Insured Persons:** People whose names are listed on the Policy Schedule/Endorsement or any attached list approved by the Insurer.
- 36. Dependant:** Spouse or common-law spouse; parents & parents in law under 66 years of age at the 1st inception date of the policy.Children of the employee from 12 months to 18 years of age or 23 years old if full-time education, at the inception date or any subsequent renewal date.
- All dependants must be named as insured persons in the Policy Schedule or Endorsement
- 37. Policy holder:** the person or company with whom the Insurer has contracted this Policy.
- 38. Insurer:** means Vietnam Insurance Corporation (Bao Viet Insurance) and their subsidiaries .
- 39. Policy:** The contract of insurance signed between the Insurer and the **Policy Holder** providing cover as detailed in this **Policy** document. The **Policy Schedule** forms part of the contract and must be read together with the Policy document.
- 40. Policy Schedule:** The Schedule giving details of the Policy holder and the Insured Person, Policy details and endorsement (if applicable)
- 41. Date of entry:** The date shown on the **Policy Schedule** on which cover under this **Policy** or in respect of a particular Benefit commences. For the purpose of this Policy, cover commences from 00:01 am on the date shown on **Policy Schedule**, signed for the first time or renewal uncontinuously
- 42. Period of cover:** is set out in the Policy Schedule.
- 43. Renewal date:** the anniversary of the Inception date of the Policy
- 44. Waiting period:** means during that period the benefit concerned will not be payable.
- 45. Territorial Scope:** This policy provides the cover for accident/illness and eligible medical expenses incurred in Vietnam unless it is stated otherwise in the Policy Schedule or Endorsement
- 46. Direct Settlement Network:** means the medical provider where the insured person is able to obtain treatment for valid medical conditions and where the expenses will be settled directly. The Insured is responsible for any excess of limit to Policy which must be settled directly with the medical provider at time of Treatment

II. Eligibility

1. This policy covers for any person who is from 12 months to 65 years old, including both Vietnamese and foreigner residing within the territory of Vietnam.
2. Baoviet shall not accept to cover the followings:
 - a) Person who suffers from mental, disorder disease, leprosy.
 - b) Person who is disabled or are informative internally from 50% upward.
 - c) Person who is under the treatment period for his or her disease or injury.

III. Conclusion of contract and renewal of contract

1. When the proposal is made, the representatives of the group shall be responsible for declaration of detailed questions in the application form and then send it to Baoviet together the name list of the individual to be insured. Such list of the Insured shall form part of The Policy.
2. In case of taking out insurance individually, the Insured Person must disclose faithfully and fully all personal information in the Application Form as required.
3. The parties to the contract are allowed to cancel this contract by sending thirty days' written notice to the other party. If the policy is cancelled by the Insured, this later shall become entitled to the return of 80% of a proportionate part of premium corresponding to the unexpired period of insurance. If Baoviet cancels the policy, full refund of the pro-rata premium will be paid to the Insured. In every case, Baoviet is responsible for returning premium to the insured if until the time no approval has been confirmed by Baoviet as to the payment of the insured amount.
4. At the end of the period of cover, Bao Viet has the right to refuse to renew the policy or to adjust/amend terms and conditions, sub-limits for the benefits stated in the Policy Schedule

IV. Co-insurance/Same other policies

Medical expenses in respect of the same bodily injury, sickness or diseases which are claimable under any other insurances, Baoviet shall pay only charges which are in excess of the said insurances will be paid, or that based on the proportion of this policy limit to total limit of all aggregate policies.

V. Premiums and sum insured

Premiums and Sum Insured is defined by US\$ currency at the Benefit and Premium Table of this Policy. The payment of premiums and reimbursement shall be settled in accordance with the State current regulations on foreign exchange management.

Premium can be adjusted by Bao Viet at the renewal date depending upon claim ratio and other factors

Change of benefits

The benefits for conditions B,C,D and Out-patient remain the same during the period of cover. These benefits can only be amended at the renewal date.

VI. SHORT-TERM PREMIUM RATE

| PERIOD OF COVER | Premium loading |
|-----------------|-----------------|
|-----------------|-----------------|

| | |
|----------------|------|
| Up to 3 months | 30% |
| Up to 6 months | 60% |
| Up to 9 months | 85% |
| Over 9 months | 100% |

VII. TERMINATION OF INSURANCE BENEFITS

All benefits under this Policy Schedule will be come invalid at 12 PM on the final day of the Period of cover or on the day of Policy termination, whichever comes first.

VIII. SPECIAL CASES

If the insured participates in some sports such as car racing, horse racing, football, mountain climbing, surfing or take parts in adventurous activities such as spaces exploration, new land exploration, scientific explorations and others such as hunting, mountain, north-south pole exploration, these risks will not be covered unless there has been a written acceptance by Bao Viet and the premium loading has been paid to Bao Viet.

VI. Obligations of the Insured

1. When the proposal is made, the Insured must declare faithfully and fully all questions in the proposal form as required.
2. Provide true statement and accurate documentary evidence of claims.

Where there are signs showing the unfaithfulness of the part of the Insured, of the Proposer or his legal beneficiary in the execution of this Policy, Baoviet shall have the rights to repudiate the payment of claim partly or wholly subject to the extent of infringement.

VII. Claim settlement

1. Baoviet shall bind itself to settle and make payment of indemnity within 15 days after receiving full, legal claims documents.
2. The Insured shall have the right to counter-claim against Baoviet’s settlement proposal within six (06) months from the date of a written notice of Baoviet and any claim action shall be time - barred in three (03) years from the event given rise to a claim.
3. All disputes arising out of this Policy which cannot be settled by negotiation shall be referred to the court of Justice of Viet Nam and subject to the Viet Nam’s Law.

PART II: CORE PLANS

I. Condition A: death, permanent total disability due to illness or diseases

1. Scope of Insurance:

Bao Viet Insurance shall indemnify for Death or Permanent Total Disability arising from illness or diseases occurring in the period of insurance otherwise except for exclusions in Section III hereunder.

2. Validity of Insurance :

The waiting period is thirty (30) days from the inception date. The renewal contract shall be automatically effective right after the proposer pays the premium to Baoviet for the subsequent period.

In case of death caused by special or pre-existing disease, this policy shall take effect from the second year and afterward.

3. Insurance benefits :

Baoviet Insurance shall pay total sum insured stated in Certificate or Contract Insurance in case of Death or Permanent Total Disability caused by illness or disease within the scope of cover.

II. Condition B: Death or permanent disability due to accident

1. Scope of Insurance:

Death or permanent total or partial disability arising from an accident occurring in the period of insurance except for the exclusions stated in the Part III hereunder.

2. Validity of Insurance :

The insurance contract shall be effective right after the proposer pays the premium as required by Baoviet.

3. Insurance benefits:

- c. Baoviet Insurance will pay total sum insured in case of Death or Permanent Total Disability caused by an accident under the cover of this insurance as stated in the Certificate or the Contract of insurance.
- c. In the event that the Insured sustains permanent partial disablement arising out of an insured event, Baoviet shall pay a percentage of the insured amount as regulated in the Appendix I of this Policy.
- c. Should the Insured die within one year after an accident as a consequential loss, and that is a covered accident, Baoviet shall pay the difference between the insured amount mentioned in the Schedule of this Policy and any sum of money which has been paid beforehand.

III. Condition C: Medical expenses due to accident

1. Scope of Insurance

Medical expenses arise from temporary disability as a result of accident occurring in the period of insurance, except for exclusions stated in the Part III hereunder.

2. Validity of Insurance

The insurance contract shall be effective right after paying premium by the proposer to Baoviet as required.

3. Insurance benefits:

In case the Insured is temporarily disabled as defined in this policy, as a result of an incident and arising out of medical expenses covered hereunder, Bao Viet shall pay all the actual and reasonable medical expenses stated in the contract or the certificate of insurance.

IV. Condition D: Hospitalized, surgical charges due to illness/ diseases/ pregnancy

1. Scope of cover:

Expense arising out of the illnesses, diseases or pregnancy that requires the insured to be hospitalized for, within the policy cover, inpatient-treatment, or surgical operation, subject to the exclusions stated in the Part III hereunder.

2. Validity of insurance

This Policy shall come into effect after the inception date for the below cases:

- a. 30 days in respect of illness.
- b. 90 days in respect of miscarriage or abortion as prescribed by physician, pregnancy treatment.
- c. 270 days in respect of childbirth.
- d. The renewal contract shall be automatically effective right after the proposer pays premium to Baoviet for the subsequent period.

3. Insurance benefits:

a. In case of hospitalization

In case the Insured must be hospitalized within the cover of insurance, Baoviet shall pay all the actual medical expenses arising from treatment, room and meals, testing, X-ray, medicaments, blood, oxygen, serum transfusion, hospital clothes but the maximum limit of such expenses shall not exceed 5% sum insured per inpatient treatment day per person. The total number of inpatient treatment days shall not exceed 60 days per year. Total benefits shall not exceed the sum insured as stated in Condition D in the policy.

b. In case of surgery

In case the Insured must be hospitalized for surgical operation within the cover of insurance, Baoviet shall pay all the actual medical expenses for consultation, anaesthetize, health recovery, surgical operation. The maximum limit of surgical expenses is an insured amount chosen by the Insured when applying for insurance defined in the Certificate or the contract of insurance.

- c. Other Benefits (all limits are listed in detail in the table of benefits)
- Pre-hospitalization expenses within 30 days before hospitalization
 - Post-hospitalization expenses within 30 days since the last day from hospital discharge
 - Organ transplantation (not cover for the cost of organ acquisition and all costs incurred by the donor).
 - Ambulance services (not including air evacuation)
 - Weekly allowance
 - Burial costs
 - Newborn care within 7 days from birth (applied for group of over 50 people)

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| PART III: EXCLUSIONS |
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I. General exclusions to all conditions

Baoviet Insurance shall not be liable to pay for risks caused by the following reasons:

1. Wilful misconduct of the Insured Person or the legal Beneficiary.
2. Grave violation of law, regulation and other rule of the local authority or other social bodies and serious violation of traffic regulations by the 14 year-old Insured Person and over.
3. For Traffic Law violations, this exclusion is only applicable to the Insured who rides, drives or race any kind of transportation with the blood alcohol level of over 50mg/100ml of blood or 25 mg/11 of atmosphere using other legally-prohibited drugs or stimulants. The use of and under the influence of alcohol, beer or other similar stimulants by the Insured Person, when it is proven that it has been the direct cause of the accident;
4. The Insured Person's act of fighting, unless such act can be proved that it is only a defence against an attack;
5. Medical treatment or use of medicaments or medicines without applying prescription or indication of the physician.
6. Participating in air transport activities (except in the capacity of an air passenger), military demonstration or training, fighting in armed forces.
7. Earthquake, volcanic eruption, radioactive contamination;
8. Medical expenses directly or indirectly arising from or required as a consequence of war, riots, invasion, acts of foreign enemy hostilities or warlike operations (whether declared or not), strike, civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular uprising, insurrection, rebellion, military uprising, insurrection, rebellion, military or usurped power or any act of any person acting on or on behalf of or in connection with any organization actively directed towards the overthrow or to the influencing of any government or ruling body by force, terrorism or violence.
9. Participation in any professional sport activities, any racing activities.

10. Syphilis, gonorrhoea, tuberculosis, malaria.
11. Treatment of sexually transmitted disease, Human Immunodeficiency Virus (“HIV”) related illness including Acquired Immune Deficiency Syndrome (“AIDS”) Related Complex and/or any mutation, derivation, or variation thereof, impotence treatment or sex- transformation, any AIDS-related Complex (ARC) and any other AIDS related conditions or diseases, malaria fever, tuberculosis.
12. Birth defects, Congenital Anomalies, genetic deformities or diseases, Hereditary Medical Conditions with symptoms present at birth and surgery which was prescribed before the inception date of the policy.
13. Routine healthchecks (in or out-patient); Hospitalization for the purpose of clinical test or medical expertise which in manner that has no relationship to the treatment of illness or injury including gynecology/andrology, routine tests, routine check up for new born babies. Vaccinations and prevention medicines (except for vaccinating after being bitten by insects or animals), maternity check up for group less than 50 people.

If the insureds have signs or symptoms and consult with specialist, and are required to have more tests for diagnosis; however the results show that the insured is normal or haven't yet been diagnosed of any diseases. In this case, all the costs related will be covered under this policy.
14. Test of hearing and vision ability, treatment for degenerative problems of hearing and/or vision ability, including but not limit to myopia, presbyopia and astigmatism and any kind of surgery for hearing and vision problems.
15. Treatment or operation at the request of the Insured Person which is in anyway not the normal therapeutics
16. Any type of treatment for Beauty purpose, cosmetic or plastic surgery unless it is reconstructive surgery necessitated by an accidental injury that occurred during the period of insurance stated on the Policy.
17. Treatment for beauty purpose including but not limit to the treatment of hyper-pigmentation (melasma), acne treatment, hair-fall treatment...will be excluded in out-patient treatment but still be covered in in-patient treatment under condition D- Hospitalisation and Surgical procedures following illness, childbirth
18. Cost of providing, maintaining or fitting any external prostheses or appliances, corrective devices, hearing and/or visual aids, crutches, wheelchairs or other equipments...
 - Treatment of musculoskeleton diseases: excluding for Condition D and out-patient treatment
 - Treatment of accidents: 10% of Sum insured for medical expenses following accidents
19. Products classified as vitamins or minerals or organic substances, nutritional or dietary supplements, including cosmetic products (except to treat diagnosed, clinically significant vitamin deficiency syndromes)
20. Test or treatment directly or indirectly arising from or required in connection with: male and female birth control, any abortion performed due to psychological or social reasons, infertility and/or fertility and sterilization or its reversal, or any form of assisted conception, or treatment of impotence, or sex change, or any consequence or complications thereof.
21. Treatment for weight loss or weight problems

22. Treatment for mental, psychological problems, sleep disorder, stress and other related diseases
23. Treatment at private doctors' office unless it is stated otherwise in the Schedule Policy
24. Special diseases and pre-existing conditions in the first year from the inception date.

PART IV: PROCEDURES OF CLAIM SETTLEMENT**I. CLAIM DOCUMENTS**

When lodging a claim with Baoviet, the insured or his beneficiary must provide Baoviet with the following documents in writing, within sixty (60) days, from the date of medical condition recovery, or discharging hospital, or death.(If this the claim is submitted beyond the above time bound, Bao Viet will pay partially or none (except for force majeure)):

1. Bao Viet claim form
2. Police report for accidents which is certified by any one of these authorities: Policy holder, local authority or police where accident happens; vehicle registration and driving license in case the insured is driving a vehicle with the power of more than 50cc.
3. Documents relating to treatment and medical expenses: medical book, treatment note, prescriptions, test laboratory result, operation report/ surgery certificate (in case of surgery), hospital discharge form and other medical documents. If the insured is not able to submit the original copy, a photocopy of these above documents certified by the employer of the insureds or certified by Bao Viet will do.
4. Payment documents like invoice, receipt and voucher according to the regulation of the Finance Ministry. These documents must be original and remain at Bao Viet's disposal.
5. Documents required for weekly benefits
 - Doctor's request for days off work (or the social insurance note)
 - Timesheet (or the note of confirmation for actual days off work from HR Depts); Work Contract or pay rise notice if the new salary has not yet been given in the Policy or not yet updated
6. Death Declaration and Confirmation of legal right of reversion (in case the insured dies)

II. Claim settlements

1. In-patient and out-patient treatment within BaoViet's direct billing network: (Not be applicable for expenses exceeding limits and expenses not covered under the policy)

Before hospitalization: The Insured presents BaoViet Healthcare insurance card and ID card/passport/ birth certificate.

Before Discharge:

- The insured or the authorised representative of the Insured signs the treatment vouchers.
- The Insured settles any exceeding expenses or non-covered items prior to leaving.

2. . In-patient and out-patient treatment outside BaoViet's direct billing network

- to the Insured will pay for all medical expenses to the Hospitals/Clinics and submit the claim documents to Bao Viet.
- The claim will be processed within 15 working days after BaoViet collect all necessary claim documents.

Endorsements Baoviet health coverage

These Endorsements below shall be issued together the core plan, which shall form a part of this policy.

ENDORSEMENT I: OUT-PATIENT TREATMENT

i. Benefits

Under this Endorsement, Baoviet shall pay Insured Person for out-patient treatment expenses arising from illness or disease occurring in the period of insurance otherwise except for exclusions in section II of this Endorsement, as follows:

1. Consultation fees and cost of medicines as prescriptions by physician (medicine invoices must present the correct amount and dose of medicines and number prescribed by the physician), charges made for laboratory tests or X-ray as required by physician.
2. Radiotherapy, phototherapy and other such treatment prescribed by a physician
 - Limit per doctor visit: up to 20% of the SI/person
 - Maximum number of visits: 5 visits/year
3. Dental treatment, but limit to treatment of x-rays, gingivitis, root canal treatment (devitalisation), filling decaying teeth (amalgam or composite, fuji, etc.) teeth scaling and extraction of fault teeth (including minor surgery) at the dental practice licensed by the Government other than the private clinic.
 - Limit for dental treatment/year: 20% of Sum Insured/person/year
 - Teeth scaling limit: 20 USD/person/year

ii. Period of cover

1. 30 days since the date of premium payment in respect of illness
2. 1 year for special, and pre-existing diseases.

ENDORSEMENT II: EMERGENCY MEDICAL EVACUATION

Cover under this Endorsement is extended to provide services listed below necessary incurred within the Territory of Vietnam while the Insured Person, as a result of an accident while traveling from his place of residence as declared, and always not traveling away from his usual resident place for more than ninety (90) consecutive days per period of insurance. The maximum limit of evacuation expenses shall be not over US\$50,000 per policy period and further conditions as specified hereunder.

i. Benefits

1. Emergency Message Transmission Assistance

In the event of a medical emergency or a hospital confinement, The Assistance Company will undertake to keep the Insured Person's immediate family members informed.

2. Medical Service Provider Referral

The Assistance Company shall provide to the Insured Person, upon request, the name, address, telephone number and, if available, office hours of physicians, hospitals, clinics, dentists and dental clinics within Vietnam (collectively "Medical Service Providers"). The Assistance Company shall not be responsible for providing medical diagnosis or treatment. Although the Assistance Company shall make such referrals, the final selection of Medical Service Provider shall be the decision of the Insured Person. In such cases, the Assistance Company will exercise care and diligence in selecting the Medical Service Providers.

3. Guarantee of Medical Expenses Incurred during Hospitalization & Monitoring of Medical Condition During and After Hospitalization.

The Insured Person who undertakes Medical Expenses Insurance and need to check into a hospital, the Assistance Company shall assist the Insured Person to arrange for hospital admission and with authorization and on behalf of BAOVIET, to provide guarantee of hospitalization expenses incurred during his hospitalization up to Medical Expenses Limit specified in the Schedule or Certificate of insurance. The Assistance Company will also monitor the Insured Person's medical condition with the hospital's attending physician; subject to any and all obligations in respect of confidentiality and relevant authorization.

4. Arrangement and Payment of Emergency Medical Evacuation

The Assistance Company will arrange for the air and/or surface transportation and medical care during transportation, communications and all usual ancillary services required to move the Insured Person when in a Serious Medical Condition as defined hereunder to the nearest hospital, where appropriate medical care is available, within the Territorial scope for the chosen plan. Baoviet shall pay for the medically necessary expense of such transportation and communication and all usual ancillary charges incurred in such services so arranged by it.

The Assistance Company retains the absolute right to decide whether the Insured Person's medical condition is sufficiently serious to warrant Emergency Medical Evacuation. It further reserves the right to decide the place to which the Insured Person shall be evacuated and the means or method by which such evacuation will be carried out having regard to all the assessed facts and circumstances of which it is aware at the relevant time.

Emergency Evacuation is only proceeded in the event of necessary Treatment not being readily available at the place of the incident. Evacuation is subject to written agreement from us prior to the travel and certified instructions from the attending Medical Practitioner or Specialist including confirmation that the required Treatment is unavailable in the place of incident.

5. Arrangement and Payment of Emergency Medical Repatriation

The Assistance Company will arrange for the return of the Insured Person to his place of residence in the Socialist Republic of Vietnam following an emergency medical evacuation. Baoviet shall pay for the expenses necessarily and unavoidably incurred in the services so arranged by it.

The Assistance Company reserves the right to decide the means or method by which such repatriation will be carried out having regard to all the assessed facts and circumstances of which the Assistance Company is aware at the relevant time.

6. Arrangement and Payment of Repatriation of Mortal Remains

The Assistance Company will arrange for transporting the Insured Person’s mortal remains from the place of death to the Place of Resident or arrange for local burial at the place of death as requested by the Insured Person’s family and with Baoviet’s approval. Baoviet will pay for all expenses reasonably and unavoidably incurred in such transportation or alternatively pay the cost of burial at the place of death so arranged by The Assistance Company.

II. OBLIGATIONS OF THE INSURED IN CASE OF EMERGENCY ASSISTANCE

1. Request for Assistance

In case of emergency, the Insured Person or his/her representatives as soon as practicable shall contact SOS’s 24 hours a day alarm center as follows:

| Address Alarm Center | Tel No. | Fax No. |
|--|--------------------|------------------|
| 167A, Nam Ky Khoi Nghia Street, District 3, Ho Chi Minh City, Viet Nam | (84) 83. 823 24 29 | (84) 83 8298 551 |

Before The Assistance Company can undertake any action, the Insured Person needs to furnish the followings:

- State Insured’s name, the number and expire date of the Policy.
- State the place and telephone number where Insured can be reached.
- Give a brief description of the problem encountered and nature of help required

2. Life threatening situation

In a life-threatening situation, the Insured Person or his representative should always try to arrange for emergency transfer to a hospital near the place of incident through the most appropriate means, and notify the Assistant Company as soon as practicable.

3. Hospitalization prior to notice the emergency Assistance Company

In any case of bodily injury requiring hospitalization, the Insured Person or any person acting on his behalf must inform the Assistant Company within 24 hours from the time of occurrence. Failure to do so may entitle Baoviet to invoice the Insured Person for the supplementary cost that has arisen out of the delay.

4. Medical Transfer

If the Insured Person claims for medical transfer or repatriation, the following conditions have to be served:

- a. In order to enable the emergency assistance Center to take action as quickly as possible the Insured or any person acting on his behalf must give:
 - The name, address and phone number of the hospital where the Insured Person have been taken.
 - The name, address and phone number of the treating physician, and if necessary the family doctor.
- b. Medical Team of emergency Assistance Company shall have free access to the Insured Person in order to ascertain his condition. If the obligation is not fulfilled and except justified opposition, the Insured Person will no longer be entitled to medical assistance.

iii. Premium and limit of insurance

1. Maximum Limit: 50.000 USD/person/occurrence
2. Premium: 20 USD/person/year.

ENDORSEMENT III: WEEKLY BENEFITS

- **Due to accident:** Weekly benefits within the period of in-patient stay and/or out-patient but not exceeding the period chosen by the insured as stated in the Policy
- **Due to illness:** Salary compensation within the period of in-patient stay at hospital, but not exceeding the period chosen by the insured as stated in the Policy

Salary compensation benefit is based on the actual days off work following treatment for accidents/illnesses. The number of days off work must be requested by doctor and verified by Human Resource Department. The compensation amount /person/day (including Saturday, Sunday and holidays) will be calculated as follow:

Monthly Salary/person)/30 days x actual days off work

Or (The maximum Sum Insured /person)/the number of days off work (prescribed in the Policy Schedule)x actual days off work

TABLE OF BENEFITS

Currency unit: USD (or VND in equally currency exchange rate)

| SCOPE OF COVER | LIMIT OF INDEMNITY | | |
|--|---|---|---|
| BASIC COVER | SUM INSURED/PERSON /YEAR | | |
| Condition A - Death, Permanent Disablement following Illness, disease | Up to \$100,000 | Up to \$100,000 | Up to \$100,000 |
| Condition B - Death, Permanent Disablement following Accident (Option: 30 monthly salary) | Up to \$100,000 | Up to \$100,000 | Up to \$100,000 |
| Condition C - Medical Expenses following Accident | \$1,000-\$2,000 | \$3,000-\$4,000 | \$5,000-\$10,000 |
| Condition D - Hospitalization and Surgical Procedures following Illness, Childbirth Maximum yearly limit, subject to the below sub- limit: | \$3,000 | \$5,000 | \$10,000 |
| 1. a. Room & Board | 5% x SI/day (maximum 60 days/year) | 5% x SI/day (maximum 60 days/year) | 5% x SI/day (maximum 60 days/year) |
| b. Intensive Care Unit | | | |
| c. Emergency ward treatment | | | |
| d. Hospital Miscellaneous Expenses due to illness (charges incurred during an in-patient stay for medically necessary supplies and services, including day-patient treatment). | | | |
| 2. Surgical operation (including Out-patient and minor surgery) | Up to SI | Up to SI | Up to SI |
| 3. Pre-Hospitalization treatment (30 days prior to the hospital admission) | 5% x SI/year | 5% x SI/year | 5% x SI/year |
| 4. Post-Hospitalization Treatment (30 days following the hospital discharge) | 5% x SI/year | 5% x SI/year | 5% x SI/year |
| 5. Home nursing immediately following hospital discharge (Max. 15 days/year) | 5% x SI/year | 5% x SI/year | 5% x SI/year |
| 6. Organ Transplantation (not including the cost of acquisition of organ and all cost incurred by the donor) | Included in Item 2 (Surgical operation) | Included in Item 2 (Surgical operation) | Included in Item 2 (Surgical operation) |
| 7. Ambulance services within Vietnam (not including air evacuation) | Up to limit | Up to limit | Up to limit |

| | | | |
|---|---|---|---|
| 8. Hospital cash income (Max. 60 nights) | 0.1% x SI/day | 0.1% x SI/day | 0.1% x SI/day |
| 9. Burial cost | \$100 | \$100 | \$100 |
| 10. Maternity Care (excluding prenatal check-up) | Up to the SI | Up to the SI | Up to the SI |
| 10.a.Complication of Pregnancy | Up to the limit of Section D1 or D2, up to the limite of Section 10- maternity care | Up to the limit of Section D1 or D2, up to the limite of Section 10- maternity care | Up to the limit of Section D1 or D2, up to the limite of Section 10- maternity care |
| 10.b.Normal delivery costs (medicine, normal delivery, hospitalization) | | | |
| 10.c Caesarean section | | | |
| 10.d.Newborn Cover (applied only to the group from 50 members) | \$20/year | \$30/year | \$40/year |
| ADDITIONAL COVER | SUM INSURED/PERSON/YEAR | | |
| I. Out-patient treatment (Sub-limit per year, subject to below sub-limit) | \$300/person/year | \$500/person/year | \$1,000/person/year |
| I.1. Consultations charges, cost of prescribes medicines, charges made for laboratory tests or X-rays that are used in the diagnosis of a covered illness. | 20% x SI/doctor visit Limit 10 doctor visits/year | 20% x SI/doctor visit Limit 10 doctor visits/year | 20% x SI/doctor visit Limit 10 doctor visits/year |
| I.2. Radiotherapy, heat therapy or phototherapy and other such treatment prescribed by a physician | \$5/year (60 days/visit) | \$5/year (60 days/visit) | \$5/year (60 days/visit) |
| I.3. Dental treatment : - Examination, X-ray - Gingivitis - Filling decaying teeth (amalgam or composite, fuji, etc) - Root canal treatment - Teeth scaling - Extraction of fault teeth (including minor surgery) | 20% x SI/year (including \$20/year for teeth scaling or in relevant VND) | 20% x SI/year (including \$20/year for teeth scaling or in relevant VND) | 20% x SI/year (including \$20/year for teeth scaling or in relevant VND) |
| II/ Emergency Medical Evacuation within Vietnam | \$50,000 | \$50,000 | \$50,000 |
| III/ Day off work/ Salary compensation following Accident and/or illness | From 3-18 months of salary/person/year | From 3-18 months of salary/person/year | From 3-18 months of salary/person/year |

(*) The amount payable per Insured Person per year does not exceed the maximum limit for as specified in the Policy Schedule.

(**) Covering for out-patient/dental treatment in legally private clinics/dental care clinics.