

InterCare

Issued with the Decision No. 6608 dated September 21st, 2017 of the Chief Executive Officer – Bao Viet General Insurance Company

Policy Wording

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I. THUẬT NGỮ/ DEFINITIONS

In this Policy, words and expressions used shall have the following meanings:

Insurer

Shall refer to Bao Viet General Insurance Company established, organized and operated under the provisions of Vietnamese Law. Bao Viet shall have all the rights and obligations as set out in the Policy and shall be bound by the terms of the Policy.

Authorized Assistance Company

Shall refer to the international assistance company authorized by BAOVIET to conduct medical relief and repatriation services.

Insured

Shall refer to the person whose life and health are the subject matters of the Policy as shown in the Policy/ Insurance Certificate. The Insured has completed Application Form and insurance effectiveness has been confirmed by the Insurer.

Applicant

Shall refer to legal entity in case of group policy; or legally authorized representative such as the father/mother of a child under age 18; or a spouse/ child of the person over age 18. The Applicant shall apply for cover, sign the policy and pay the premium.

Dependent

Shall refer to Insured's legal spouse and unmarried children (including biological children, recognized illegitimate children, step-children, and legally adopted children). Such children are from 15 days old to 18 years old or 24 years old if they are still in continuous full-time education, single and dependant on the Insured Person for support.

All dependants must be named in the policy as Insured Persons and only eligible for benefits equivalent to or lower than those of the Policyholder. Children under the age of eighteen (18) must participate with their father/mother with the same core plan and any Endorsement.

Beneficiary

An individual or a group nominated by the Applicant/ Insured to be beneficially entitled to all or part of the benefits specified in the Policy. Beneficiary must be named in Application Form, Claim Form or the Certificate/Policy. In case there is no nominated Beneficiary, Bao Viet Insurance shall settle reimbursement according to the inheritance law governed by Vietnam Civil Code.

Eligible age

The Insured's age at the time the Policy takes effect, referring to the age at the Insured's last birthday before the Policy comes into effect.

Group Policy

Shall refer to a Policy of a group of at least 03 employees working in the same organization/entity or company and joining in the same schedule, and that organization/entity or company will act as the Policyholder.

Policy

The Policy means the written contract signed by and between Bao Viet and the Insured/Applicant. Accordingly, the Insured must pay premium and Bao Viet Insurance shall provide coverage and services specified hereinafter in the Wording. Application form/ Wording/ Insurance Certificate/ Appendix are all to be considered as integral parts of the Policy.

Maximum limit/ Sum insured

Shall refer to the maximum limit of the Insurer's accrued liability for each Insured for the whole Insured Period as set out in the Insurance Certificate or the Benefit Schedule attached to the Policy.

Giới hạn phụ/ Sub-limit

Shall refer to the maximum payable amount per each insured section as detailed in the Benefit Schedule. In any case, total payable amounts after application of all sub-limits can not exceed the Maximum Limit.

Effective date

The Policy shall come into effect from 00: 01 AM on the Date of Entry or the Date of Renewal and shall expire at 23:59 on the Expiry Date shown on the Insurance Certificate or Policy. The validity of Policy shall be considered to be continuous only when the Insured has renewed the current Policy on or before its expiry date.

Insured period

The Insured Period is stated in the Policy or Insurance Certificate. The Insured Period is one (01) year. In case of Individual Policy, short-term period and application for additional benefits in midterm shall not be accepted.

Waiting period

A waiting period is defined as a time period in which the relevant benefits will not be paid. Bao Viet shall exclude all risks occurring during that time, including but not limited to their related expenses or consequences thereof which arise after the waiting period as specified.

Home country

The country where the Insured Person was born and/or registered as a legal citizen.

Place of Residence

Any city or province in the Socialist Republic of Vietnam where the Insured Person declared in the Application Form, or as otherwise agreed and stated in the Policy or Insurance Certificate.

Area of coverage

Area of coverage is stated in the Benefit Schedule, including which the Insured Person can be evacuated to in the event of medical emergency when necessary treatment is unavailable locally and where the customary and necessary medical expenses incurred by the Insured Person may be considered payable under this Policy.

Accident

Any sudden and unforeseen event occurring during the Insured Period by an external, violent and visible force is considered as a cause resulting in Bodily Injury or Death of the Insured Person and occurring beyond the Insured's control.

Bodily injury

Any injury caused solely by an accident during the Insured Period results in the Insured's disability or disablement.

Partial permanent disablement

Shall refer to any Disablement listed in Table of Disability Percentage attached to the Policy or Bodily Injury solely due to accident which permanently and considerably reduces the Insured person's working capacity as a result of the removal or loss/loss of use/paralysis of any part of the Insured person's body, provided that such Disablement/Injury is unable to be improved in current medical practice and lasts 52 consecutive weeks.

Total permanent disablement

Shall refer to any Disablement which entirely and permanently prevents the Insured Person from attending to any Business or Occupation of any and every kind, or causes entire loss of the Insured person's working capacity for any type of work, provided that such disablement lasts 104 consecutive weeks and is beyond hope of any improvement thereafter.

Illness, disease

Shall refer to a physical condition marked by a pathological deviation from the normal healthy state, which manifests itself in symptoms or syndromes diagnosed by Physicians.

Cấp tính/ Accute condition/illness

A medical condition is characterized by signs and symptoms of rapid onset and short duration and can be cured.

Chronic condition/illness

A medical condition determined by a licensed Physician as a General Practitioner or Medical Specialists or Consultants is long-lasting in its effects, persistent and cannot be cured.

Pre-existing condition

Any medical conditions of the Insured Person which have been diagnosed; or for which symptoms existed that would cause an ordinary prudent person to seek diagnosis, care or treatment; or for which medical treatment was recommended by a medical practitioner, irrespective of whether treatment was actually received or not.

Special disease

Under this Policy, the following diseases are understood as special diseases:

- a. Cancer and tumors of any kind
- b. Diseases of heart, liver (hepatitis A, B, C), pancreas, kidney, lung failure
- c. Diseases related to hematopoietic (blood forming) system including pancreatic failure, acute and chronic leukemia.
- d. Growth hormone deficiency
- e. Diabetes mellitus
- f. Parkinson's disease.

AIDS/ HIV

The Insurer will accept to cover for expenses incurred in treating HIV and related diseases such as Acquired Immune Deficiency Syndrome (AIDS) and other related complex/ illness, and/or any consequences/ treatment during the insured period including renewal period (s), provided that they **manifest themselves** after the policy has been continuously in effect for a period of five (5) years since the Entry date. This coverage will be subject to annual limit(s) and payable up to 10% of total annual limit(s)/ lifetime/ insured.

Congenital disease

Congenital disease, known as "congenital disorder", "birth defect", "congenital anomaly" or "chromosomal abnormality", is defined as any disease formed on the fetus during pregnancy due to effects of environmental factors on the fetal development. The identification of congenital diseases must be performed by a Physician.

Genetic disease

Shall refer to any disease occurring between blood relatives or caused by transmission of gene disorders from the parental generation to their offspring, and/ or inherited from generation to generation between blood relatives. The identification of genetic diseases must be performed by a Physician.

Emergency treatment

Emergency treatment is defined as the immediate care performed in medical facilities within the first 24 hours after an accident or the onset of medical

symptoms which could seriously endanger the insured's health and life and require an emergency treatment at the emergency room. The submitted claim documents must be stamped and certified by the emergency department (casualty ward).

When the treatment is performed at the emergency room because out of hours services are not available, such treatment should be covered under out-patient benefit.

Serious condition/ Life-threatening condition

Shall refer to a medical condition determined by Assistance Company and/or BAOVIET constitutes a serious medical condition requiring urgent remedial treatment to avoid death or serious impairment to the Insured Person's immediate or long term health prospects. The seriousness of the medical condition will be judged within the context of the Insured Person's geographical location, the nature of the urgent remedial treatment and the local availability of appropriate medical care or facilities.

Hospital

Shall refer to any legally authorized establishment for medical care and treatment which shall:

- Have capabilities and facilities for diagnosis, treatment and surgery,
- Provide certain conditions for in patient, out –patient treatment and use patient record system in every-day practice,
- Be not primarily a convalescent or nursing home, or a home for the aged, or a place for alcoholics or drug addicts or the mentally ill, or a leprosy hospital/institute or a resort (spa)/ sauna/ massage center.

Phòng khám Clinic

Shall refer to any medical facility that provides a full range of facilities, medical equipment used for the diagnosis / examination and treatment as prescribed by law. Such clinic must have a legal business license and practising certificate of each practitioner.

The invoices/ receipts/ bills of treatment expenses incurred in legal clinics must comply with the regulations and other rules of the Ministry of Finance/ General Department of Taxation.

Direct billing network

Shal refer to legally licensed medical facilities which have signed an agreement with Bao Viet Insurance to provide direct billing services. When visiting such Clinic/hospital, Bao Viet shall guarantee and settle the payment directly with the medical facility for eligible medical expenses incurred by the Insured Person for treatment, subject to the coverage and limits stated in the policy/ Certificate of Insurance. The Insured Person must be responsible to pay any excess of insured limits at the time of treatment.

Hospitalization

Shall refer to any treatment received when an Insured Person has to stay at least 24 consecutive hours or overnight in the hospital. In case a hospital cannot issue an Admission and/or Discharge Form, either medical records or invoices clearly indicating the period of treatment are accepted as substitute documents. The in-patient day unit is calculated on a 24-hour and board basis shown in the Discharge Form or in the breakdown of expenses. In-patient treatment is accepted to be eligible when the patient stays in a hospital as defined, not in a clinic or out-patient medical facility.

Eligible expenses

Shall refer to reasonable and necessary medical expenses incurred for the sole purpose of the Insured's medical treatment and prescribed by the Physicians due to sickness, disease, injury or maternity complications within the scope of coverage.

Full cover

Bao Viet will cover for all eligible medical expenses within the scope of coverage and total payable amount shall not exceed the maximum limit of the chosen plan per insured period.

Reasonable and customary charges

Shall refer to charges that do not exceed the general level of charges being made by other medical services providers of similar standing in the locality where the charges are incurred, when giving like or comparable treatment, services, or supplies for a similar illness or bodily injury caused by an accident.

Day-patient treatment

Shall refer to any medical treatment which requires the patient to be admitted to hospital and normally requires them to occupy a hospital bed during the day, but not overnight. Hospital discharge form or receipts clearly indicating room and bed charges are the bases of payment.

Surgical operation

Shall refer to a scientific method to treat an injury or a disease performed by qualified surgeons through manual operations with medical instruments or equipment in a hospital including the categories listed hereof and/ or in the Endorsement as an integral part of Wording/ Policy, such as open surgery, endoscopic surgery, laser surgery.

Consumable materials

Shall refer to materials, which are used once or several times to assist medical care and treatment and are not permanently placed in the human body, except for those which are absorbable in the human body or which may have been taken out of the human body without affecting its functions (e.g. steel thread) but it is unnecessary to remove them as they are not eliminated by the human body.

Out patient

Shall refer to any medical treatment provided to the Insured at a legally licensed

medical facility/hospital/clinic as defined where the Insured is not hospitalized.

Medical examination (visit)

A medical examination (a visit) is when a patient receives physical examination, laboratory tests, diagnostic imaging, functional exploration or any other examinations and any drugs prescribed by a Physician at a legally licensed medical establishment for the purpose of medical diagnosis and treatment.

- Where a patient is consulted by more than one specialist as requested by the hospital, such consultation is considered as an examination.
- Where a patient receives a series of examinations at a specialized department during the day, such examinations will constitute a single examination.
- Where a patient is required to seek further examinations at more than one specialized departments at a medical facility as prescribed by Physicians, (s)he shall be considered to receive one medical examination only.

Physiotherapy

Shall refer to a method of prevention and treatment using natural or artificial physical elements such as: water, air, temperature, climate, altitude, electricity, X-rays, ultraviolet, infrared, ultrasound, radioactive isotopes, massage, fitness – sports, walking, Tai Chi,... This Wording shall not cover for expenses incurred for the sole purpose of relaxation, massage, spa, gait training techniques.

Doctor/Physician

Shall refer 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/her licensing and training but excluding a Doctor who is the Insured Person himself/herself or the spouse, parents, parents in law or children of the Insured Person. A Doctor/ Physician may be recognized as a Consultant or a Specialist.

Specialist/ Consultant

Shall refer to a legally licensed Physician (as defined) registered under the Medical Acts, and given accreditation as a Specialist/Consultant recognized by the law of the country where treatment is provided.

Medical treatment

Shall refer to the application of surgery, therapy or medical procedure prescribed by a Physician for the sole purpose of the cure or remission of illness, disease or injury.

Prescribed drugs/ medicines

Shall refer to medicine/pharmacy sold and used according to Doctor's prescription and law regulations, excluding functional food, cosmeceuticals, cosmetics, minerals, preparations which are not named in the list of drugs for treatment of the Ministry of Health, tonics and vitamins. However, Bao Viet shall consider reimbursing the expenses of tonics and vitamins up to 20% of total expenses of the whole prescription provided that:

- These tonics and vitamins are prescribed by a Physician, and
- These tonics and vitamins are used to accommodate treatment, and
- The prescription of tonics/vitamins must be accompanied by drugs for treatment

Health check-up

Shall refer to a variety of screening exams/ tests performed in individuals without signs or symptoms. This can be performed in some following types depending on the age for early detection of diseases/ illness:

- Vital signs (the measurement of blood pressure, blood lipids, pulse, respiratory rate, temperature)
- Cardiac (Heart) Screening)
- Neurological examination
- Cancer screening
- Tests for age-appropriate development of reflexes (for children aged 0-6 years)
- Vaccination

Professional sport activities

Shall refer to any sport activities that provide the Insured Person with major and frequent earnings.

Medical supportive appliances or devices

Any medical appliance/ equipment/ tool/ device which shall:

- Be put/implanted/ inserted into any part of the body in order to maintain a patient's bodily function including the categories listed hereof and/or in the Endorsement as an integral part of Wording/ Policy such as stent, heart valves, balloon catheter, disc, splints, vis, screws, pacemakers
- Be specialized in performing specific procedure or surgery, and used only once and not consumable including the categories listed hereof and/or in the Endorsement as an integral part of Wording/ Policy such as cartilage knives, planing knives knives/ scalpels, liver ultrasound knives, stapler for hemorrhoids surgical in Longo procedure , lithotripsy baskets for kidney stone surgery
- Be put outside the body in maintaining its functional mobility or other functions including the categories listed hereof and/or in the Endorsement as an integral part of Wording/ Policy such as as crutches, braces, wheelchairs, hearing aids, prescription glasses, heart assist devices
- Be any other equipment/ tool/ device intended for aesthetic and orthopedic applications.

Prosthesis

Shall refer to any appliance/ equipment/ tool/ device/ material which are artificial replacement for any body part.

Organ transplantation

Shall refer to the Insured's transplant surgery of an organ such as heart, lung,

liver, pancreas, kidney or bone marrow performed in a hospital by a Physician duly qualified to perform such an operation. The cost of acquisition and transportation of the organ and all costs incurred by the donor are not covered under this Wording.

Hormone therapy

Shall refer to any consultation services and medicines prescribed by a Physician in a legally licensed medical facility to treat Hormone Imbalance related to common symptoms of Perimenopause and Menopause

Co-payment (co-insurance)

Co-payment - also called co-insurance - is the portion of the bill which the Insured/ Insurer is responsible to pay for expenses within the scope of coverage according to the Wording. The Co-payment is a percentage calculation (%) of the total valid reimbursed amount or of the Sublimits of Out-patient (or In-patient) benefits, whichever is lower. The covered expenses after co-payment are paid up to sublimits of relevant benefits in the Benefit Schedule.

Sponsor

Shall refer to an individual specified in the Application Form or the insured's father/ mother responsible for paying the insured's tuition fees for his/her full-time study in an educational Institution located outside Vietnam.

Tuition fees

Shall refer to total costs paid for entering education programs at the educational institution located overseas as notified in writing by such educational institution (including fees for laboratory and facilities while attending the programs mentioned above, but excluding expenses such as textbooks, accommodation)

Study Interruptions

Shall refer to the case where the insured's studies are interrupted (for more than 30 days) due to illness or injury resulting in hospitalization within the scope of cover. The reimbursement for following expenses is subject to the relevant limits detailed in the Benefit Schedule:

- Fees which must be paid by the Insured to repeat or resume his/her studies, or;
- Non-refundable tuition fees due to interruptions

Education Assistance

Shall refer to financial assistance provided to the insured person during the time of studying abroad if his/her father/ mother died as a result of accidents;

Terrorist activities

Shall refer to any act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in conjunction with any organization(s) or government(s), committed for political, religious, ideological or ethnic purposes

or reasons including the intention to influence any government and/or to put the public or any section of the public in fear

II. Core plan: In-patient treatment due to illness/ disease/ accident

The Benefits mentioned in this Policy are provided to the Insured Person for medical and emergency transportation expenses following an illness/accident in the scope of insurance as specified in this Policy.

Upon receipt of Proof of Claim, BAOVIET will pay the Benefits incurred under the Policy based on the policy sub-limits up to the Maximum Limit shown in the Certificate of Insurance. The Benefits are limited to the actual, customary, necessary and reasonable expenses.

The legal representative of the Insured Person shall have the right to act for the Insured Person who is incapacitated or deceased. Benefits are payable to the Insured Person, his legal representative or executor or to the licensed providers of the insured medical treatments and/or care and/or services to the Insured Person. BAOVIET may appoint independent claim administrators to settle claims on its behalf.

Hereunder is explanation for major benefit in the Benefit Schedule. For more details of Sum Insured for each benefit in different plan, please see Benefit Schedule.

1. Room & board

BAOVIET shall pay hospital charges for your hospital accommodation provided as part of your day-patient or in-patient treatment, including all your own meals (must be provided by your admitted hospital and according to the standard of hospital accommodation where you are admitted). BAOVIET does not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.

BAOVIET does not pay for hospital accommodation if they incur for the purpose of treatment which would normally be provided as out-patient.

BAOVIET does not pay for hospital accommodation if the treatment is considered as out-patient in medical terms.

2. Intensive Care Unit

BAOVIET shall pay hospital charges for treatment in an intensive care unit (ICU), high dependency unit (HDU), or coronary care unit (CCU) which gives constant monitoring during day-patient or in-patient treatment.

3. Companion Accomodation

Bao Viet will pay for hospital accommodation costs for a parent who is legal guardian to stay with an insured child, under the age of 18, when the child is receiving in-patient treatment in a hospital. This benefit is only applied to the father or mother/ legal guardian staying overnight with the child during in-patient treatment in a hospital, provided that the child is covered under this policy.

4. Hospital Miscellaneous Expenses

If the Insured Person is in hospital confinement, BAOVIET shall also pay for reasonable and customary charges for hospital services or materials that are medically necessary, including but not limited to the following costs:

- a) Drugs and medicine consumed whilst in hospital confinement;
- b) Dressings, ordinary splints and plaster casts;
- c) Laboratory examinations;
- d) Electrocardiograms;
- e) Basal metabolism tests;
- f) Physical therapy;
- g) X-ray therapy, radium therapy, radium and isotopes;
- h) X-ray examination;
- i) Intravenous infusions;
- j) Administration and the cost of blood or blood plasma.

Pathology, X-rays, MRI, CT and PET scans, diagnostic test or similar tests

These tests must be indicated by the attending doctor to essentially help determine or assess the insured's condition and carried out in a hospital as part of charges for hospitalization.

BAOVIET also pays hospital charges for treatment provided by therapists (such as physiotherapy) if it is needed as part of the insured's day-patient or in-patient treatment in a hospital.

5. Pre-hospitalization treatment

BAOVIET shall pay for Doctor Consultations and Diagnostic procedures necessarily taken and directly relating to an eligible medical condition that required immediate hospitalization, and the findings of the diagnosis are the basis for the attending doctor to conclude that the hospitalization treatments are necessary, provided that such diagnosis are performed within 30 days prior to the hospital admission.

6. Post-hospitalization treatment

BAOVIET shall pay for follow-up treatment prescribed by the attending doctor immediately following discharge from a hospital where Hospitalization treatments were received. Follow-up treatment includes consultations with a Physician, lab tests, examination, prescribed medicines and shall be performed within 90 days from the hospital discharge.

7. Home nursing

BAOVIET shall pay for the nursing care services of a legally licensed nurse in the Insured Person's abode when prescribed by a Physician for medical as distinct from domestic reasons immediately following a covered In-Patient stay in the hospital. Cover will be limited to a maximum period of days as stated in the chosen Plan and subject to the minimum in hospital stay of 7 days.

8. Surgical operation

BAOVIET shall pay for medical expenses for day-patient or in-patient surgical operations as defined, including charges for medications, consumable materials, necessary equipments not included in exclusions, surgical procedure, operating theatre, surgeon, anesthetists fees for the purpose of carrying

out anesthesia and normal costs for pre-surgical assessment, normal post-surgical care and re-operation. Surgical charges do not include diagnostic procedures.

9. Organ Transplantation

BAOVIET shall pay for hospital charges of surgical transplant of heart, lung, liver, pancreas, kidney or bone marrow to an Insured Person performed in a hospital by a physician duly qualified to perform such an operation.

The cost of acquisition of the organ and all costs incurred by the donor are not covered under the Policy.

10. In-hospital Specialist Consultation

BAOVIET shall pay for specialist consultation during hospitalization, subject to one visit per days and 90 days/year as the limit as defined in the Benefit Schedule.

11. Emergency Illness/Accident Cover

BAOVIET shall pay for treatment taken within 24 hours at an emergency ward of a hospital following an emergent accident or illness as the definition of Emergency Ward Treatment. Limit per policy period is stated in the Benefit Schedule.

12. Emergency Accidental Pregnancy Treatment

If an Insured Person who sustains a complication of pregnancy by an Accident giving rise to emergency treatment, a benefit equal to the actual, necessary and reasonable charges made by the hospital for such emergency treatment shall be payable up to maximum limit stated in the Benefit Schedule. This benefit excludes any costs of childbirth/baby delivery and any associated consequences of Accident (e.g. embryotrophy, etc.)

13. Emergency Accidental Dental Treatment

If an Insured Person who sustains injury by an Accident giving rise to emergency dental treatment to wholly sound natural teeth at any hospital within twenty-four (24) hours from the time of Accident, a benefit equal to the necessary and reasonable charges made by the hospital for such treatment shall be payable up to the maximum limit stated in the Benefit Schedule.

A sound natural tooth has no decay, no filling on more than two surfaces, no gum disease associated with bone loss or being loose, no root or canal therapy.

This benefit is not applied for dental implants, crowns or dentures.

14. Expenses for Transportation in Emergency Case

BAOVIET will pay for Ambulance cost in case of emergency to transport an Insured Person from the place of incident to the nearest hospital or transfer from a hospital to another one following the indication of the attending physician.

Limit of this benefit is stated in the Benefit Schedule.

15. Emergency Medical Evacuation & Repatriation

Chi tiết tại mục Dịch vụ chung - Quy tắc bảo hiểm

Please refer to the information in General Services

16. Family visit

Shall refer to the visit of one relative in case the insured must be hospitalized and undergo surgery outside his/her home country or permanent residence for more than seven (7) consecutive days while the insured is moving abroad alone for studying or travelling or working. This benefit is payable subject to the approval of BaoViet Insurance.

17. Accute Mental Disorder

BAOVIET shall pay for In-patient treatment in recognized psychiatric unit of a Hospital in acute circumstance of mental disorder. All treatment under this Benefit must at all times be administered under the direct control of a registered psychiatrist. The initial consultation with a Medical Practitioner (not a psychiatric specialist), which results in a psychiatric referral is also covered (as per schedule attached). IP1 (Select) program will not include this benefit.

18. Daily Allowance Benefit

BAOVIET will pay in-patient cash benefit shown in the Benefit Schedule per night up to maximum 20 nights per policy period.

19. Lifetime limit

Shall refer to the maximum amount payable to the Insured stated in the Benefit Schedule or Insurance Certificate/ Policy during the insured's lifetime from date of policy inception to the date of death of the insured or the date of expiration.

III. OPTIONAL PLANS

OPTIONAL PLAN 1: OUT-PATIENT TREATMENT DUE TO ILLNESS/ ACCIDENT

This optional benefit shall cover for out-patient treatment due to illness/accident as follows:

1. General Practitioners and Specialist fees.
2. Prescribed medicines.
3. Laboratory test, diagnostic and treatment prescribed by a physician.
4. Medical aids which are necessary as part of treatment for broken limbs or injuries (e.g. plaster casts, bandages) prescribed by a physician.
5. Physiotherapy, radiotherapy, heat therapy or phototherapy prescribed by a physician.
6. Health check-up/ Vaccination

OP	Select	Essential	Classic	Gold	Diamond
Maximum limit/ policy period	31.500.000	63.000.000	84.000.000	105.000.000	168.000.000
Area of coverage	Area 1	Area 2	Area 3	Area 4	Area 5
• General Practitioners and Specialist fees.	3.200.000 /visit	5.000.000 /visit	6.700.000 /visit	7.300.000 /visit	11.800.000 /visit

<ul style="list-style-type: none"> • Prescribed medicines. • Laboratory test, diagnostic and treatment prescribed by a physician. • Medical aids which are necessary as part of treatment for broken limbs or injuries (e.g. plaster casts, bandages) and mobility aids prescribed by a physician. • Physiotherapy, radiotherapy, heat therapy or phototherapy prescribed by a physician. 					
• Health check-up/ Vaccination per year	Not applicable	Not applicable	Not applicable	2.000.000	3.000.000

OPTIONAL PLAN 2: MATERNITY CARE (MA)

(Applicable only to the Insured Person who is female from 18 to 45 years old)

Unit: VND

MA	Select	Essential	Classic	Gold	Diamond
Maximum Aggregate Limit for the whole insurance period	21.000.000	31.500.000	63.000.000	84.000.000	105.000.000

Benefit:

a) Complications of pregnancy and childbirth

BAOVIET shall pay for medial expenses arising from complications during the period of pregnancy and childbirth which need obstetric procedures, the mother's immediate pre and post-natal expenses in a hospital. Coverage is provided for caesarean sections required on medical grounds and does not include voluntary caesarean sections (or medically required due to a previous elective caesarean section). Complication of pregnancy and childbirth including but not limited to the followings:

- Miscarriage or when the fetus has died and remains with the placenta in the womb;
- Stillbirth abnormal cell growth in the womb;
- Ectopic pregnancy;
- Post-partum haemorrhage;

- Retained placental membrane;
- Therapeutic abortion including abortion cases due to hereditary diseases/congenital malformation of the fetus or to save the mother's life;
- Preterm labor
- Difficult delivery
- Complications following any of the above conditions.

b) Normal Delivery/ Childbirth

BAOVIET will pay for medical costs arising from normal delivery/ childbirth, including but not limited to the hospital charges, specialist fee, the mother's immediate pre and postnatal care in hospital, postnatal suture.

Waiting period:

In case of Childbirth:

For individual policy: This benefit shall only be paid after 635 days from the Effective Date of the Policy.

For group policy: This benefit shall be paid after 365 days from the Effective Date of the Policy.

In case of Complications: This benefit shall be paid after 90 days from the Effective Date of the Policy.

Note: In case of delivery packages at Hanoi obstetrics and gynecology hospital, National Hospital of Obstetrics and Gynecology and other public hospitals (with similar issues or facts), the expenses of these packages will be covered up to up to sub-limits of relevant benefits in the schedule without expense breakdown.

OPTIONAL PLAN 3: DENTAL CARE (DC)

(Applicable only if Out-patient Treatment benefit is selected)

Unit: VND

DC	Select	Essential	Classic	Gold	Diamond
Maximum Aggregate Limit for the whole insurance period	21.000.000	21.000.000	31.500.000	31.500.000	31.500.000
Area of coverage	Area 1	Area 2	Area 3	Area 4	Area 5

<u>Benefit:</u>					
1. Routine Dental Care <ul style="list-style-type: none"> ➤ Check-up and diagnosis ➤ Tooth cleaning 	Routine dental care (including tooth cleaning): 1.000.000/ year	Routine dental care (including tooth cleaning): 1.000.000/ year	Routine dental care (including tooth cleaning): 2.000.000/ year	Routine dental care (including tooth cleaning): 2.000.000/ year	Routine dental care (including tooth cleaning): 2.000.000/ year
2. Dental Treatment <ul style="list-style-type: none"> ➤ Check-up and diagnosis ➤ Normal filling (amalgam or composite) ➤ Removal of decayed teeth. ➤ Removal of impacted, buried or un-erupted teeth ➤ Removal of roots ➤ Removal of solid adontomes ➤ Apicetomy ➤ Root canal treatment ➤ Gingivitis, pyorrhoea. 	Up to Maximum limit				
3. Special Treatment, Dentures New or repair of bridge work, porcelain crowns, dentures.	Co-insurance: 50%	Co-insurance: 50%	Co-insurance: 50%	Co-insurance: 50%	Co-insurance: 50%

OPTIONAL PLAN 4: PERSONAL ACCIDENT (PA)

This additional benefit shall cover for death or permanent disablement due to accident within 24 hours of a day.

The benefits described herein shall be payable, as stated in the Table of Disability Percentage below:

Accidentally bodily injury results in	% relevant Sum Insured
Death	100%
Total Permanent Disablement: <ul style="list-style-type: none"> - Total and unrecoverable loss of sight in both eyes - Full and incurable mental disorders 	

Exclusions applied for Personal Accident benefit:

BAOVIET shall not be liable for paying benefits in the Endorsement in case Insured Person participate in any following dangerous or hazardous activities and any reason arising from tsunami, volcano or earthquake.

a. Aqualung diving	f. Hurling
b. Boxing	g. Ice hockey
c. Climbing (with the rope)	h. Parachuting
d. Hang gliding	i. Any race
e. Yachting beyond 5 kilometers of a coastline	j. Show jumping
	k. Skydiving

OPTIONAL PLAN 5: TERM LIFE (TL)

a) Scope of Cover:

This benefit shall cover for death or total permanent disablement due to any reason other than accidents and exclusions specified in this Policy within the insurance period.

b) Validity of Insurance:

In case of Death due to normal diseases: This benefit shall be effective after 90 days from the day of premium payment (unless otherwise agreed). In case of continuous contract renewal, this benefit shall be immediately effective after the Insured Person pays the premium for the subsequent period.

In case of death due to special diseases or pre-existing conditions or excluded diseases listed in article 2 of General Exclusion or Maternity, this benefit shall only be effective for the Insured Person who continuously participate in the contract from the second year onwards.

This benefit shall not be applied for Insured Person aged 70 years old or over.

c) Benefit:

In case of death or total permanent disablement under the scope of insurance, BAOVIET shall pay total Sum Insured stated in the Insurance Certificate or Insurance Schedule.

OPTIONAL PLAN 6: OVERSEAS STUDY PROTECTION (OSP)

This optional benefit will cover for the students studying abroad as the Insured with details of coverage as below:

a. Study Interruptions:

When this benefit is included in the Policy and during the policy period, the insured's studies are interrupted (for more than 30 consecutive days) as a result of:

- The hospital confinement for more than 30 days due to illness or injury within the scope of cover.
- The death of a family member such as father, mother or siblings of the Insured.

Bao Viet will cover for following expenses subject to the relevant limits detailed in the Benefit Schedule:

- Fees which must be paid by the Insured to repeat or resume his/her studies after recovery, or
- Non-refundable tuition fees due to interruptions that has already been paid in advance to the educational institution located overseas

In the case of a claim, the insured must submit a doctor's certificate of disability and impossible continuation of the insured's studies due to an illness or accident, together with valid official receipts/ documents of foreign educational institutions evidencing the payment of the said repeat or non-refundable tuition fees. The amount stated on these receipts will be used as the basis for calculating any reimbursement as detailed in the Benefit Schedule. When a family member deceases, the insured must submit the death certificate and relevant documents for claim settlement.

This plan will not cover for Study Interruptions as a result of:

- change of plan of the Insured or his/her family member for any reason;
- financial status of Insured and his/her family member;
- any business or contractual obligation of the Insured or his/her family member;
- the tuition fee is refunded or paid from another source

b. Sponsor protection:

When this benefit is included in the Policy and during the policy period, the insured's sponsor is involved in an Accident or illness and as a consequence suffers death or total permanent disablement, Bao Viet will pay a allowance as financial support for overseas education and living expenses up to the limit specified in the Benefit Schedule.

Note: This Policy will only pay for a claim either under section a - Study Interruptions or section b - Sponsor protection, but not both for the same risk.

This benefit will not be applied for risks incurred when the Insured's sponsor is engaged in any of the following activities or occupations: diving, mining or underground jobs; working at heights of over 30m above ground level, working at a sawmill; working in factories manufacturing explosives, weapons, ammunition, crude oil, gas, oil, cement, stone; construction workers on the construction site; quarry workers, asbestos workers, nuclear power/ atomic energy jobs, space research.

c. Terrorism insurance

This benefit will be applicable in the event of Terrorist activities as defined excluding nuclear, chemical, biological terrorism or any related causes/ risks which contribute concurrently or in sequence to the loss.

IV. GENERAL EXCLUSION

(Applied to the Insurance Policy and all Endorsements)

The following treatment, items, conditions, activities and their related or consequential expenses are excluded from this Policy:

1. Pre-existing conditions, special diseases as defined and the diseases named in article 02 below shall be excluded in the first year of insurance. This exclusion shall not be applied in the following cases:
 - + Group policy with at least 20 people.

+ After Individual and family policies is effective for 12 consecutive months, pre-existing conditions and special diseases shall be covered up to the limit shown in the Benefit Schedule.

2. The following diseases shall not be covered during the first year in any condition: Adenoidectomy, Tonsillectomy, Septoplasty (Deviated nasal septum surgery), vestibular disorders, asthma, middle ear infection (otitis media) surgery, Sinusitis, Degenerative diseases of the vertebral column/joints, Hemorrhoid Surgery, Herniated disc, polyps.
3. Home services or treatments if it is not prescribed by a Physician (except for nursing cost as specified in the Benefit Schedule of this Policy) or treatments received in health spas, nature cure clinics, spa, sanatorium, or long term care facility or similar establishment. Costs related to treatment at a clinic which fails to comply with definition hereinabove, including but not limited to expenses for medications, tests and/ or treatment indicated by the Physician at such clinic, even though those expenses are incurred in legal clinics, hospitals, drug stores thereafter.
4. Routine medical examinations (in-patient or out-patient), check-ups, cancer screening tests with normal results, medical examination or consultation which are not associated with medical treatment of Illness/ Disease/ Injury, including but not limited to gynaecological examination/ male genital examination, routine laboratory tests, routine check-ups for newborns, immunization, vaccinations and preventative medicines (excluding vaccinations given after an accident or being bitten or stung by animals or insects). This exclusion is not applied if **Health check-ups** in "Out-patient" Optional plan is applicable.
5. Normal eye tests, cataract, normal hearing test, aging, degradation, any corrective treatment for non-medical/ natural degenerative eyesight and hearing, including the categories listed hereof and/ or in the Endorsement as an integral part of Wording/ Policy such as eyes refraction including myopia, presbyopia and astigmatism, and any corrective surgery for sight and hearing defects;
6. All dental treatment (in-patient and out-patient) except for emergency treatment following an accidental damage to sound, natural teeth. Artificial teeth or denture of any type. This exclusion is not applied if "Dental Care" optional plan is applicable.
7. Any type of treatment for beauty purpose, weight problems (weight increase, decrease, obesity, rickety...), skin pigmentation (hyperpigmentation), treatment for hair loss, cosmetic or plastic surgery and any consequence thereof unless it is re-constructive surgery necessitated by an accident/illness that occurred during the period of insurance stated on the Policy.
8. Psychiatric and behavioral disorders, mental illness/ mental disorders or mental retardation, Attention deficit disorder (ADD), Autism spectrum disorder (ASD), Alzheimer, sleep disorders, insomnia, snoring with unknown causes, asthenia, anxiety disorders (stress) or any of related syndromes/ diseases.
9. Any costs related to family planning, consequence of any abortion due to psychological or social causes, male/ female infertility, artificial insemination, sexual dysfunction / impotence, or sex change, or any related consequence or complication thereof
10. Pregnancy and Childbirth of any type except complication of pregnancy caused by accidents. This exclusion is not applied if **Maternity care** optional plan is applicable.
11. Any treatment and/ or surgery in connection with birth defects, hereditary illness (including **recessive genetic disorders**)/ congenital anomalies/ congenital malformations/ congenital disorders, genetic deformities/ diseases, and any related complications or consequence thereof; surgical treatment indicated before the inception date, including the categories listed hereof and/or in the Endorsement as an integral part of Wording/ Policy such as congenital heart disease, Down syndrome, cleft lip and palate, hydrocephalus, anal stricture, phimosis, congenital deviated septum.

- 12.** Costs of providing, maintaining, fitting or replacing any prostheses or medical supportive appliances or devices as defined.

However, devices implanted inside the body such as pacemakers, aerosols, stent or Longo knife for hemorrhoid surgery, etc. are covered up to 70% of the total cost (Bao Viet shall pay 70%, the insured shall pay 30%).

- 13.** Chronic supportive treatment of renal failure, including dialysis (artificial blood filtering). BAOVIET will, however, pay for the cost of renal dialysis incurred:
 - a. immediately pre and post operation.
 - b. in connection with acute secondary failure when dialysis is part of intensive care.
- 14.** Treatment involves ligament reconstructive surgery (this exclusion is not applied after 12 months of continuous cover under this Policy).
- 15.** Any treatment in connection with sexually transmitted diseases such as syphilis, gonorrhoea, genital dysfunction (sexual malfunction/ sexual disorder),
- 16.** Willful misconduct of the Insured Person or the Beneficiary.
- 17.** Violation of law, regulations and other rules leading to the enforcement of judgements and/or violation of traffic regulations and/or violation of labour laws by the Insured Person aged 14 or over. The Insured drives any kind of transportation whilst having a blood alcohol content higher than the limit specified in traffic laws and the Insured is affected by alcohol, wine, beer, or substances or stimulants which may result in any accident or illness/ disease.
- 18.** Accident risk occur in period of insurance but Consequences of accidents that occur outside the Insured Period applicable for medical expenses.
- 19.** Treatment for alcoholism, drug or substance abuse or any addictive condition of any kind and any injury or illness arising directly or indirectly from such usage, abuse or addiction.
- 20.** The Insured Person's act of fighting (unless such act can be proved that it is only a defense against an attack), participation in or training for any professional sport activities or any form of professional race or competition.
- 21.** Aviation activities other than as a licensed fare-paying passenger. Participation in military demonstration or training, fighting in armed forces.
- 22.** Treatment and expenses directly or indirectly arising from or required as a consequence of: war, riots, invasion, acts of foreign enemy hostilities or warlike operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular uprising, 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.
- 23.** Disaster risks such as earthquakes, volcanoes, tsunamis, radioactive contamination, epidemics officially declared by the authorities (including SARS, H5N1, Ebola)
- 24.** Hormone replacement therapies for the growth period, or the pre-menopausal or menopausal period of women.
- 25.** Treatment directly or indirectly arising from or required as a result of chemical contamination or contamination by radioactivity from any nuclear fission, or from the combustion of nuclear fuel, asbestosis or any related condition.
- 26.** Examination, testing, treatment and use of drugs without indication or diagnostic conclusions of the participating Physicians/ doctors; herbal medicines of unknown origin; oriental medicine private

clinics/facilities. Treatment which is experimental in nature and/ or not scientifically recognized and/or any free treatment received at any hospital.

27. General Out-patient Services other than an emergency Out-patient treatment following an accident. This exclusion is not applied if "Out-patient Treatment" optional plan is applicable.
28. Treatment outside the area of coverage of the plan which is selected and declared on the Policy Schedule.
29. Functional foods, minerals, supplements and organic substances for nutrition or for diet available naturally, cosmetic and pharmaceutical products.
30. Medical expenses and treatment for the person who is not eligible to join into this Policy.

V. GENERAL CONDITIONS

1. Validity of Insurance and Renewal

The insurance coverage shall come into effect from the date specified on the Policy Schedule or Insurance Certificate. All premiums will be payable on or before the Effective Date (except for other agreement). If payment is not received, the Insurance will be void from the very first date of the period for which the premium has not been received unless otherwise specified.

In case of medical expenses incurred for treatment of normal illness/ diseases: all benefits shall take effects after 30 days from the effective date of the policy.

In case of medical expenses incurred for treatment of pre-existing conditions, special diseases, any illness/ diseases detailed in No.02 of the General Exclusion of this Wording: all benefits shall take effects after 365 days from the effective date of the policy.

The renewal premium will increase if the Insured Person enters a new age group (as classified in the Premium Table) on the date of renewal. Based on the loss experience, BAOVIET is entitled to adjust the benefits or the renewal premium or the Lifetime limit.

The policy shall be renewed subject to Terms & Conditions in the Wording updated at the renewal date and other special conditions applied to particular renewal policy of the Insured.

2. Termination

The Policy will expire at the first due date following the 70th birthday of the Insured. In case of continuous renewal, the Policy will expire at the first due date following the 75th birthday of the Insured, unless otherwise agreed in writing by BAOVIET.

If any claim shall in any respect be false or fraudulent or if fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain benefits hereunder then the Certificate of Insurance shall be cancelled immediately and all benefits and premiums are forfeited.

In case of group policy: If the Insured Person is working for the Company/ Organization/ Policy holder whose representative makes a request to cancel the Policy by giving thirty (30) day written notice in advance, a refund will be given on the pro rata basis calculated by taking the number of days remaining in the policy period divided by the number of total days of the policy, subject to no claim paid.

In case of individual/ family policy: The Insured Person may reasonably terminate the Policy at any date subject to no claim paid and thirty (30) day written notice in advance. The refund will be 80% of the remaining period of insurance premium on short-term basis.

3. Change of Benefits

The maximum limits of benefits can be revised upon the renewal of the policy only.

The renewal with higher limits of benefits or addition of optional benefits is subject to Insurer's acceptance confirmation. The increase of limits as well as new optional benefits shall not be considered to be continuously renewed and waiting period must be applied as specified.

4. Eligibility

The Policy is designed for all Vietnamese and foreign people who lives legally in Vietnam including Vietnamese students studying abroad.

The maximum age for enrolment is 70 for all new enrollment and 75 for renewal policy.

Dependant must be covered under the same plan including the plans and all endorsements as the Policyholder and subject to acceptance by BAOVIET.

Newborn children attaining 15 days of age from the date of birth or the date of hospital discharge, whichever is later, shall be eligible for insurance, subject to satisfactory evidence of good health and acceptance by BAOVIET following the submission of an Application form.

Children under the age of 18 must participate with their father/mother and are only eligible for benefits equivalent to or lower than those of the Policyholder under both plans and any endorsements.

People suffering from a mental illness or permanent disability from above 80% will not be covered by BAOVIET.

5. Examination

Bao Viet Insurance shall have the rights to examine the Insured Person through the medical representatives whenever such examination is reasonably required within the duration of any claim. In addition, Bao Viet Insurance shall have the rights to request an autopsy in case of death, where this is not forbidden by law or traditional customs.

6. OBLIGATIONS & NOTIFICATIONS OF CHANGE

The Applicant/ Insured person is obliged to:

- (1). Complete Bao Viet's Application Form with all truthful information.
- (2). Authorize Bao Viet Insurance acting on behalf of the Insured to copy records from the hospitals/ medical facilities for claim-handling

The Insured is obliged to notify Bao Viet immediately if either of the following applies:

- (1). Any change of current address, occupation or job.
- (2). Any condition of disability, illness, defect or physical disabilities arising before or after joining into the Policy
- (3). Any other valid insurance plans/policies currently applied to Insured Person

In case the Policy Holder, the Applicant/ Insured Person provides dishonest information and/ or does not comply with the provisions and conditions of this Wording, Bao Viet shall refuse to settle any reimbursement.

7. Short Period Premium

The Short Period Premium is:

For period not exceeding 1 week	1/8 of annual premium
For period not exceeding 1 month	1/4 of annual premium

For period not exceeding 2 months	3/8 of annual premium
For period not exceeding 3 months	1/2 of annual premium
For period not exceeding 4 months	5/8 of annual premium
For period not exceeding 6 months	3/4 of annual premium
For period not exceeding 8 months	7/8 of annual premium
For period exceeding 8 months	full annual premium

8. Clerical Error

Clerical errors by BAOVIET shall not invalidate insurance otherwise validly in force, nor continue insurance otherwise not validly in force.

9. Notice of Transfer

BAOVIET shall not be bound to accept or be affected by any notice of any transfer or mortgage related to this Policy.

10. Subrogation

By accepting any payments of benefits under this Policy, the Insured Person agrees that BAOVIET shall be subrogated to all claims, demands, actions and rights or remuneration of the Insured Person against any third party or any insurer to the extent of any and all payments made or to be made hereunder by this Policy.

11. Arbitration

Any difference in respect of medical opinion in connection with the treatment of an accident or illness shall be settled between two (02) medical experts appointed in writing by the parties to the dispute. Any difference of opinion between the two medical experts shall be referred to an umpire who shall have been appointed in writing by the two medical experts at the outset. Should the two medical experts fail to agree despite the mediation of the umpire, then the decision of the umpire shall be final and binding.

12. Legal Proceedings

No action in law or in equity shall be brought to recover under the Policy prior to the expiration of sixty (60) days after proof of claim has been furnished or after the expiration of thirty (30) days from which BAOVIET made the decision on the settlement of the claim. Nor shall any such action be brought at all unless commenced within two years from the date of such claim.

The parties herein agree that the Law of Socialist Republic of Vietnam shall govern and control in the event of any conflict or dispute between the parties with regard to the Insurance Policy.

13. Premium Payment

All premiums are payable once annually in advance or before the due date shown in the Debit Note of BAOVIET or appointed Broker. The prevailing rates of exchange of some Banks at the time of payment shall be applied.

For renewals, the annual premiums are payable within a period after the renewal date according to payment terms specified in the Policy.

If premium is not paid within the period specified above, the temporary Certificate of Insurance will be cancelled.

14. Currency conversion

The Parties agree that, according to this provision, premium and claim sums basing on the regulations of the Policy can be paid in different currency with defined currency in the Policy. The selling exchange rate of Vietnam Foreign Trade Bank will be applied at time of settling premium or handling claim.

In case of premium adjustment, the exchange rate is also applied as above.

This regulation of currency exchange must be in compliance with the Socialist Republic of Vietnam Law.

VI. CLAIM PROCEDURE

I. GENERAL GUIDELINES :

1. Proof of Claim (applied for the Core and Optional plans)

When making a claim request, the Insured and/or his/ her legal Beneficiary must submit to Bao Viet Insurance the following documents in English or Vietnamese within 01 year from event of insurance or inform Bao Viet within sixty (60) days from the end date of a referral to treatment period/ Discharge date or Date of Death:

- Claim form (issued by Bao Viet Insurance) filled in and signed by the Insured or the Claimant who is the Heir/ Beneficiary/ Nonimated receiver named on the Certificate/ Legally authorized representative of the Insured (except in case where the Insured is the child whose claim forms shall be completed by his/ her legal parents/ guardians). In case of group policy, this form must be signed and stamped by the organization/entity or company acting as the Policyholder unless otherwise agreed.
- In case of accidents:
 - a) Accidents in daily life: The accident report is required without the local authorities' confirmation.
 - b) Labour accidents: The accident report is required with confirmation from the organization/entity or company
 - c) Traffic accidents (no other parties involved but excluding death case): The accident report is required without the local authorities' confirmation; a driver license if the accident occurs when the Insured is driving a vehicle with an engine displacement of more than 50cc;

Traffic accidents (other parties involved): The accident report is required by the law, the related reports and documents of police, a driver license if the accident occurs when the Insured is driving a vehicle with an engine displacement of more than 50cc;
- Records of treatment procedure: medical prescriptions, medical books, hospital discharge notes, treatment records, indication and results of tests, X-ray, CT scan, certificate of operation (in case of operation/ surgery and other documents related to the medical treatment. If th original versions are not available, the copy versions certified by Bao Viet may be accepted. In all circumstances, Bao Viet reserves the right to require originals for checking and/ or reconciliation. Medical recors/ prescriptions must be stamped by the medical facilities unless otherwise agreed.
- Records of payment procedure: VAT (red) invoices, bills, receipts in forms approved by the Ministry of Finance, General Department of Taxation and enclosed with detailed and breakdown of charges. In respect of these payment records, only the originals are acceptable and shall be considered as the property of Bao Viet Insurance after the claims are reimbursed. The invoices/

bills/ receipts for medication/ treatment expenses must be issued within 30 days since the date of the prescription/ treatment and must indicate the same dosage prescribed by the Physician. Bao Viet shall not accept receipts/ bills (non-VAT invoices) issued for cumulation purposes in each claim case as valid payment proofs;

- In case of Death: Original or certified copy versions of Declaration of Death and the legal confirmation of the beneficiary or beneficiaries (in case there is no beneficiary nominated by the insured) with authorities' notarization
- In case of study interruptions: the insured must submit a doctor's certificate of disability and impossible continuation of the insured's studies due to an illness or accident, together with valid official receipts/ documents of foreign educational institutions evidencing the payment of the said repeat or non-refundable tuition fees. The amount stated on these receipts will be used as the basis for calculating any reimbursement as detailed in the Benefit Schedule. When a family member deceases, the insured must submit the death certificate and relevant documents for claim settlement.
- Others if required by Bao Viet

2. - Claim reimbursement and direct billing procedure

a. Pay first, claim back:

When visiting the legal hospitals/ clinics which are not in the list of Medical Providers for Direct Billing Services, the Insured must pay all the incurred costs, and then submit the documents to Bao Viet Insurance to claim eligible expenses within the scope of coverage.

b. Timebound:

Bao Viet Insurance shall have responsibility in claim processing and settlement within 15 (fifteen) working days from the date of receiving all sufficient and valid documentation and information. In particular:

- The claim receipt notification shall be sent within three (03) working days from the date of receipt of all required documentation and information.
- The requirement for additional documents (if necessary) shall be sent within five (05) working days from the date of receipt of documentation and information.
- The settlement notice shall be sent within ten (10) working days from the date of receipt of all required documentation and information.
- The claim reimbursement shall be transferred (or settled) within fifteen (15) working days from the date of receipt of all required documentation and information.
- The request for returning original claim documents in case of claim rejection must be sent within sixty (60) days after Bao Viet sent the settlement notice.
- Bao Viet Insurance's examination of documentation and other information relevant to the Insured Person's claim should be performed within ninety (90) working days from the date of receipt of all required documentation and information.
- Additional documents should be submitted by the Insured within thirty (30) working days from the date of receipt of documentation.

c. General claim information

All documents and materials required by Bao Viet Insurance to support claim settlement process shall be provided free of charge to Bao Viet before any claim payment is made.

In case medical information/ documentation is insufficient, it shall be the Insured's responsibility to provide additional information/ documentation which is necessary and reasonable for claim reimbursement and Bao Viet shall not bear the cost of obtaining such information/ documentation.

Claims are only settled to the Insured or his/ her Beneficiary/ Legally authorized representative according to the law.

d. Direct billing services (applicable for plans which provide direct payment services)

When visiting Clinic/ Hospital which is in the list of Medical Providers for Direct Billing Services, the Insured should follow steps described below:

- Show BaoViet Care Card issued by Bao Viet Insurance and ID card, or Passport or Birth Certificate (in case the Insured is a child aged below 15) in the hospital/ clinic;
- Ensure to check the claim form provided by the Hospital/ Clinic after treatment and sign on that form in order to confirm all information related to the Insured's treatment, make a deposit to the hospital/ clinic (if required);
- Pay the remaining costs which are not within the scope of coverage or exceed the benefit limits.

Special notes:

- If the Insured is indicated to receive acupuncture or orthopedic care where (s)he is treated by chiropractic, acupuncture, homeopathy, (s)he has to submit the doctor's indication or referral forms.
- If laboratory tests and X-rays are performed, the Insured has to submit their results.
- In case documentation is insufficient, Baoviet or the policy administration shall have the right to require additional information/ documentation or another claim form to complete claim settlement.

3. Self-insurance/Other insurance/Thirty party claim

The Policy will not provide the insured benefits other than on a proportional basis if the Insured Person has any other effective Insurance that entitles him/her to the Medical Expenses benefits upon the occurrence the insured event.

BAOVIET must be informed without delay of circumstances where a claim against a Third Party can be made. The recipients of benefits shall at the request and at the expenses of BAOVIET, permit and authorize BAOVIET to exercise any rights and remedies for the purpose of enforcing all reasonable and necessary action of obtaining indemnity from other parties whom BAOVIET is entitled or shall become entitled under the subrogation agreement between the Insured and BAOVIET.

II. EMERGENCY

1. Request for Assistance, Emergency Evacuation

In case of emergency, the Insured Person or his/her representatives as soon as practicable shall call BAOVIET's Hotline:

Place	Address	Telephone No.	Email
Hanoi, Vietnam	104 Tran Hung Dao, Hoan Kiem District, Hanoi	(84 - 24) 39368888 (84 - 24) 39369550 (84) 904 832 888 (84) 906 633 757 Fax: (84-24) 38245157	tpa.hanoi@baoviet.com.vn

Ho Chi Minh City, Vietnam	233 Dong Khoi, District I, Ho Chi Minh City	(84-28) 38274128 (84) 904 832 888 Fax : (84-28) 35202666	tpa.hochiminh@baoviet.com.vn
Da Nang city, Vietnam	97 Tran Phu, Hai Chau District, Da Nang city	(84-236) 3822855 Fax: (84) 363822234	tpa.danang@baoviet.com.vn

In order for BAOVIET to determine the assisting method, the Insured Person shall provide the following information upon contact:

- Name of the Insured Person, No. of the Policy and the expiration day of the insurance period.
- Telephone number and contact address.
- Summary of the actual situation of the Insured Person in need of assistance.
- Name, address, telephone number of the Hospital to which the Insured Person is transferred.
- Name, address, telephone number of the treating Physician and Family Physician (if any).

Medical expert team of the Assistance Company is entitled to directly contact with the Insured Person to understand his or her health situation. If the Insured Person fails to execute that obligation, the Insured Person will not receive medical assistance in any forms unless there are reasonable causes to prove their inability to execute.

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 and BAOVIET as soon as practicable.

3. Hospitalization prior to notice the emergency Assistance Company

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

Emergency Evacuation & Repatriation Services

This document is part of the policy wording

GENERAL SERVICES

The following service will be provided in case of Emergency Evacuation

1. Medical service provider referral

The Assistance Company authorized by BAOVIET 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 the territorial limit of the chosen plan (collectively "Medical Service Providers"). The Assistance Company authorized by BAOVIET 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 authorized by BAOVIET will exercise care and diligence in selecting the Medical Service Providers.

2. Arrangement of appointment with local Physicians for treatment

(Only applicable to the insured person travelling out of Vietnam)

The Assistance Company authorized by BAOVIET will assist the Insured Person by arranging for appointment with a local Physician for examination or treatment.

3. Arrangement for hospital admission

(Only applicable to the insured person travelling out of Vietnam)

If the medical condition of the Insured Person is of such gravity as to require hospitalization, The Assistance Company authorized by BAOVIET will assist the Insured Person with arrangements hospital admission upon request.

4. Arrangement and payment for emergency medical evacuation

After inspecting the situation of the Insured Person, the Assistance Company authorized by BAOVIET shall immediately inform to BAOVIET whether the Insured Person's situation is of such gravity as to require emergency.

After receiving BAOVIET's agreement on authorization for emergency evacuation, to which the Insured Person shall be evacuated and the means or method by which such evacuation will be carried out, the Assistance Company shall arrange for emergency transportation to move the Insured Person in critical condition to the nearest hospital in the area of coverage as specified in the Insurance Certificate with reasonable treatment.

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 and extended to cover for economy class airline return ticket for one other person to travel with the Insured Person as an escort.

5. Arrangement and payment of repatriation following Emergency medical evacuation

After inspecting the situation of the Insured Person, the Assistance Company authorized by BAOVIET shall immediately inform to BAOVIET about the arrangement for repatriation of the Insured Person.

After receiving BAOVIET's authorization on means and method by which such repatriation will be carried out, the Assistance Company shall arrange for repatriation of the Insured Person in the area of coverage of the insurance plan. For any **medical expense of subsequent In-Hospital treatment in the Hospital Miscellaneous expenses** of the policy, BAOVIET shall pay for the expenses necessarily and unavoidably incurred in the services so arranged by it.

6. Arrangement and payment of repatriation of mortal remains

The Assistance Company appointed by BAOVIET after receiving BAOVIET's authorization will arrange for transporting the Insured Person's mortal remains from the place of death to the insured's residence of the Socialist Republic of Vietnam or his/her Home Country in the Territory Scope of chosen Program 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.

7. Delivery of essential medicine

(Only applicable to the insured person travelling out of Vietnam)

The Assistance Company authorized by BAOVIET after receiving BAOVIET's authorization will arrange to deliver to the Insured Person essential medicine, drugs and medical supplies that are necessary for his/her care and/or treatment but which are not available at his/her location. The delivery of such medicine, drugs and medical supplies will be subject to laws and regulations applicable locally. BAOVIET will pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.

8. Guarantee of medical expenses incurred during hospitalization & Monitoring of medical condition during hospitalization.

Outside Vietnam:

Upon request, 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/her hospitalization. The Assistance Company authorized by BAOVIET 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.

Inside Vietnam:

If the Insured Person is treated in the hospitals which already have a direct billing agreement with BAOVIET, all medical expenses entitled to insurance cover will be paid directly to the hospital by BAOVIET.

If the Insured Person is treated in hospitals which have not a direct billing agreement with BAOVIET, the Insured Person should settle any incurred expenses on leaving the hospital.