

BAOVIET FAMILY CARE

POLICY WORDING

Issued with the Decision No. 4542 dated Oct 13, 2016 of the Chief Executive Officer
– Bao Viet General Insurance Company)

The BAOVIET FAMILY CARE wording is intended for individuals. The client is advised to check and read carefully to ensure that he/ she understands all the terms and conditions which make up the Wording. Please note that by signing the Application form, the client confirms that he/ she has read and understood all sections of this Wording.

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SECTION I: GENERAL PROVISIONS

I. DEFINITIONS (INTERPRETATION)

1. Insurer

Insurer shall refer to Bao Viet 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.

2. Insured (Insured Person)

The 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.

3. Proposer (Policy holder)

The Proposer shall refer to legally authorized representative such as the father/ mother of a child under age 18, or legal spouse/ children of the Insured over age 18. The Proposer shall apply for cover, sign the policy and pay the premium.

4. Dependent

The dependents shall refer to Insured's legitimate children, provided always that such children are from 15 days old to 18 years old or 24 years old if still in continuous full-time education and single on the inception date or any subsequent renewal date. All Dependents must be named in the List of Insured Members.

5. Beneficiary

An individual or a group nominated by the Proposer/ 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 and the Insurance 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.

6. Eligible Age

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

7. Policy

The Policy means the written contract signed by and between Bao Viet and the Insured. 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.

8. Benefit Schedule

Benefit Schedule shall be a summary of benefit plans. Benefit Schedule shall be issued with and considered as an integral part of the Policy.

9. Sum Insured/ Maximum limit

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

10. Sub-limits

Sub-limit means 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.

11. Inception 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.

12. Coverage period

The Coverage Period is stated in the Policy or Insurance Certificate. The Coverage Period is 01 (one) year. Short-term period and application for additional benefits in midterm shall not be accepted.

13. 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 their related expenses or consequences thereof which arise after the waiting period as specified.

14. Territorial Scope

This Policy shall cover for accident/ illness and related medical expenses incurred in the geographical area of Vietnam except otherwise specified in the Insurance Certificate or Appendix.

15. Accident

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

16. Body injury

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

17. Partial Permanent Disablement

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.

18. Total Permanent Disablement

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.

19. Illness, disease

Illness or 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.

20. Pre – existing conditions

Illness or injury which existed before the effective date of coverage under this Policy and any sickness/ illness/ Injury:

- a) for which treatment has been received during the last three (03) years by the Insured;
- b) for which diagnosis has been received, which presented signs or symptoms of which the Insured was aware or should reasonably have been aware before signing the policy, whether or not consultation/ treatment/advice/medication was received.

21. Special Diseases

In this Wording, the following diseases are understood as Special Diseases:

- a. Diseases of the nervous system: Inflammatory diseases of the central nervous system (brain), Systemic atrophies primarily affecting the central nervous system (Huntington's disease, Hereditary ataxia, Spinal muscular atrophy and related syndromes), Extrapyrarnidal and movement disorders (Parkinson's disease, Dystonia, other extrapyramidal and movement disorders), Alzheimer, Apalic/ Amnesia, Epilepsy, Coma, Cerebral palsy and other paralytic syndromes
- b. Diseases of the respiratory system: Lung failure, Pneumothorax
- c. Diseases of the circulatory system: Heart diseases, Hypertensive diseases, Essential (primary) arterial hypertension, Cerebrovascular diseases/ stroke and any of its consequence/ sequelae
- d. Diseases of the digestive system: Hepatitis A, B, C, Cirrhosis of the liver, Liver failure, Cholelithiasis
- e. Diseases of the genitourinary system: Glomerular disease, Renal tubulo-interstitial diseases, Calculus of kidney and ureter, Calculus of lower urinary tract, Renal failure
- f. Endocrine diseases: Disorders of thyroid gland, Diabetes mellitus and pancreatic internal secretion, Adrenal gland diseases, Coma, Disorders of other endocrine glands
- g. Neoplasms: Benign neoplasms of any kind

- h. Diseases of the blood: Coagulation defects, Functional disorders of polymorpho-nuclear neutrophils, Certain diseases involving lymphoreticular tissue and reticulohistiocystic system, Marrow transplant
- i. Diseases of skin and connective tissue and others: Lupus erythematosus, Systemic sclerosis, Multiple Sclerosis, Diffuse systemic sclerosis / Amyotrophic Lateral Sclerosis, Muscular dystrophy and any of their complications, Penphigus, Psoriasis, Chronic urticaria (treated with imported antigen)

22. Occupational Diseases

Any disease contracted as a result of an exposure to risk factors arising from working conditions with respect to specific occupations of the Insured Person. The list of occupational diseases is issued by the Ministry of Health and Ministry of Labour, Invalids and Social Affairs.

23. Genetic diseases

Genetic disease is defined as 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.

24. Congenital diseases

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.

25. Evacuation

Medical evacuation shall refer to the use of ambulances or other means of conveyance (excluding by air transportation) in case of a serious illness/ injury conditions endangering the Insured’s life, which requires ambulance transportation to move the Insured to the nearest hospital/ medical facility or to transfer the Insured from one hospital to another.

26. 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.

27. Hospital

Hospital means 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.

28. Public hospital

A public hospital means any institution established and regulated by the government authorities within its jurisdiction. This type of hospital has a legal entity status, its own seal, its accounts and accounting organizational structure in accordance with the law for implementing its obligations to deliver public services or support the governmental management in medical care and treatment specialty.

29. Clinic

A clinic means 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.

30. Direct billing network

Direct billing network means 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.

31. Hospitalization

Treatment received when an Insured Person has to stay at least 24 consecutive hours 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 inpatient day unit is calculated on a 24-hour and board basis shown in the Discharge Form or in the breakdown of expenses. Inpatient treatment is accepted to be eligible when the patient stays in a hospital as defined, not in a clinic or out-patient medical facility.

32. Room and board

Bao Viet shall pay hospital charges for Insured's hospital accommodation limited to a private room, and associated charges for the Insured's treatment (Bao Viet shall not cover for the room which provides accommodation for the patient's companion), including charges for the intensive care unit (ICU) and other necessary charges for nursing care performed by a qualified nurse.

33. Eligible Medical Expenses

Eligible Expenses are 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.

34. Pre-hospitalization treatment charges

Bao Viet Insurance shall pay for consultations, examination, ultrasound , X-ray, scans, laboratory tests and medication indicated by a Physician, directly related to the Insured Person's illness, disease, or injury when the Insured must be admitted to a hospital for observation. This benefit is only applicable to a single and most recent examination within 30 (thirty) days prior to admission.

35. Post hospitalization treatment charges

Bao Viet Insurance shall pay for follow-up medical treatment prescribed by an attending doctor, directly involving the previous inpatient treatment as soon as the Insured Person discharges. These charges include costs of consultations, laboratory tests, diagnostic imaging, prescribed medicines and materials within 30 (thirty) days immediately following discharge.

36. Public hospital allowance

The allowance in case the Insured is admitted as an in-patient following illness, disease and accidents in a public hospital.

37. Medical treatment

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.

38. Rehabilitation treatment

Rehabilitation is a treatment method used for facilitating recovery and/ or functional restoration, following an acute injury or disease/ illness since the patient is referred by the attending physician to receive treatment at a rehabilitation center.

39. Surgery (Surgical operation)

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. There are 02 types of surgery:

- a. Inpatient surgery: When the patient has to be confined in a hospital after surgical operation for at least 24 hours
- b. Outpatient surgery: When the patient has to be confined in a hospital after surgical operation for less than 24 hours.

40. Organ transplantation

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.

41. Doctor (Physician)

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.

42. Prescribed drugs/ medicines

Medicine/ Pharmacy is 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.

43. 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/ 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 crutches, braces, wheelchairs, hearing aids, prescription glasses, heart assist devices;
- be any other equipment/ tool/ device intended for aesthetic and orthopedic applications.

44. Prothesis

Any appliance/ equipment/ tool/ device/ material which are artificial replacement for any body part including the categories listed hereof and/ or in the Endorsement as an integral part of Wording/ Policy such as dentures, prosthetic limbs, and artificial lenses.

45. Complications of pregnancy

Fetal abnormalities and complications are caused by accidents or illness/ disease during pregnancy of the Insured (except for any cause related to the treatment of infertility, premature birth, childbirth) when necessary treatment is prescribed by the Physician.

46. Physiotherapy

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 expense incurred for the sole purpose of relaxation, massage, spa, gait training techniques.

47. Consumable materials

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 but it is unnecessary to remove them as they are not eliminated by the human body.

48. Out -patient treatment

Medical treatment provided to the Insured due to illness, sickness or accident at a legally licensed medical facility/ hospital/ clinic as defined where the Insured is not hospitalized.

The reimbursement for day-patient treatment, Day-patient surgery/ minor surgery/ diagnostic endoscopy performed within one day is subject to the relevant limits of Out-patient benefit.

49. 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/ or 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 many other examinations at more than one specialized departments at a medical facility within one day as prescribed by Physicians, (s)he shall be considered to receive one medical examination only.

50. 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.

II. ELIGIBILITY

The conditions of the Insured to be eligible under this Wording:

1. The Insurable Person is any Vietnamese or Foreigner residing legally within the territory of Vietnam whose age is from fifteen (15) days to sixty-five (65) years (calendar year) on the policy inception date. The enrollment age for this Wording is only allowed up to sixty-five (65) years in case of continuous renewal from sixty (60) years old.
2. The child under 18 years old shall be only covered, provided that (s)he enters into this Policy with his/ her father and/ or mother, or his/ her father/ mother has been covered by at least one valid Bao Viet's plan of health or medical expenses insurance. The dependents are only eligible for benefits equivalent to or lower than those of the Insured persons.
3. For children from 15 days to 03 years old, the Inpatient and Out-patient treatment benefit must be applied co-payment at the proportion specified in the Benefit Schedule.

III. COMMENCEMENT/CANCELLATION AND RENEWAL

1. When applying for insurance plans, the Insured must provide all information truthfully in the Application Form which is an integral part of the Policy. The truthful and accurate declaration is precondition to determine Bao Viet's responsibility to the Insured.
2. Based on the Application Form, Bao Viet Insurance will issue an Insurance Certificate to each Insured Person. Insurance Certificate is regarded as the proof of Insurance Policy.
3. Either party may cancel the Policy by giving thirty (30) days prior notice in writing to the other party:
 - In case the cancellation is based upon the request of Insured Person, Bao Viet shall refund 80% of the premium of remaining coverage period, provided that no claim has arisen;
 - In case the cancellation is based upon the request of Bao Viet, Bao Viet shall refund 100% of the premium of remaining coverage period regardless there have been claims submitted or not;
 - If any claim shall in any respect be false or fraudulent or if any fraudulent intention or actions are involved by the Insured Person or his/her representative to obtain benefits, then the Policy shall be cancelled immediately and all benefits are forfeited. At the same time,

the Insured person must return all Insurance Certificates and Cards. Bao Viet Insurance will refund 70% of premium of remaining coverage period provided that the Insured has no claim paid.

4. In case of continuous renewal, the Policy will expire on the first due date after the sixty-fifth (65th) birthday of the Insured.
5. At the end of the Coverage Period, with reference to claim experience of the Insured Person, Bao Viet may revise the conditions and sub-limits or refuse to renew the Policy.

IV. DUAL INSURANCE AND OTHERS

Where medical costs arisen from injuries, illness/ diseases within the coverage under this Policy can be requested for reimbursement from other insurance policies, Bao Viet Insurance shall only pay the excess beyond the amount which would have been covered under such other policies, or pay a portion of the loss that is proportional to the Sum Insured of this Policy over the total amount of liabilities of all policies for the loss.

V. PREMIUM AND LIMIT

Premium is specified in the Premium Table attached to this Wording. The premium is subject to the Insurance Plan, the age of the Insured Person when applying for/ renewing.

Change of benefits: Any limit of any benefit can not be changed during the Coverage Period. These benefits can only be changed on the renewal date of the Insurance Policy. 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.

VI. TERMINATIONS OF BENEFITS

All benefits of this Policy will be no longer effective at 11: 59 pm on the last day of the Coverage Period or on the day of cancellation requested by the Policy Holder whichever comes first. Bao Viet shall be not liable for any consequence/ complication related to risks occurring during the Coverage Period in case such consequences/ complications arise outside the Coverage Period.

VII. SPECIAL SITUATION

If the accident occurs when the Insured Person is participating in professional tournament or races such as racing, horse racing, soccer, boxing, climbing, windsurfing, surfing, exploring space, exploring new lands, making scientific discoveries, or other activities such as hunting, mountain expeditions, South/ North Pole expedition, or any expedition force, Bao Viet Insurance shall not cover for such accident and any of its related expenses/ consequences unless the Insurer has confirmed acceptance in writing and received full additional premium.

VIII. OBLIGATIONS OF THE INSURED PERSON

1. The Insured must complete Bao Viet's Application Form with all truthful information.
2. The Insured must declare all truthful information and evidences concerning the insured risks. All expenses related to the provision of claim documents are not covered by Bao Viet Insurance.
3. The Insured should authorize Bao Viet Insurance acting on behalf of the Insured to copy records from the hospitals/ medical facilities for claim-handling.
4. The Insured is obliged to notify Bao Viet if either of the following applies:
 - Any change of current address, occupation or job;
 - Any condition of disability, illness, defect or physical disabilities arising before or after joining into the Policy;
 - Any other valid insurance plans/ policies currently applied to Insured Person.

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

IX. CLAIM AND PAYMENT TIMELINE

1. The duration of requesting for payment or reimbursement is one (01) year since the date of occurrence of the insured event.
2. Bao Viet Insurance shall be responsible for claim handling and settlement within fifteen (15) working days from the date of receipt of all valid and sufficient documents.
3. The Insured Person has the right to appeal against any claim settlement within six (06) months from the date of receipt of Bao Viet's notification and the duration for any appeal must not exceed three (03) years from the date of arising dispute.
4. Any dispute arising from this Wording which cannot be resolved through negotiation shall be settled in the Vietnamese court and under Vietnamese law.

X. 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 or during the Coverage Period. In addition, Bao Viet Insurance shall have the rights to request an autopsy in case of death, where this is not forbidden by law.

XI. CONTROLLING LAW AND LEGAL PROCEEDINGS

Any difference in respect of medical opinions related to the treatment methods of an accident or illness/ disease shall be settled between two (02) medical experts appointed in writing by the parties. The supporting service expenses shall be borne by the party hiring experts.

Any difference of opinion between the two medical experts shall be referred to one (01) umpire who shall have been appointed in writing by the two medical experts at the outset.

Should the parties fail to agree through negotiation, the disputes shall be settled in the Vietnamese court and under Vietnamese law (all legal fees and costs shall be subject to the court's decision).

SECTION II: CORE PLAN

IN-PATIENT TREATMENT DUE TO ILLNESS/ DISEASE OR ACCIDENT

1. Insurance benefits

- Bao Viet shall cover for in-patient treatment or in-patient surgery of the Insured in a hospital due to accidents, illness, and diseases including maternity complications occurring during the Coverage Period.
- Bao Viet shall apply co-payment to children from 15 days to 03 years old at the proportion specified in the attached Benefit Schedule.

a. Hospitalization

If the Insured Person's hospitalization is within the scope of coverage, Bao Viet shall pay the eligible charges for medical treatment, room and board, meals in respect of the hospital's in-patient standard (if any), laboratory examinations or imaging diagnosis such as X-ray, MRI, CT, PET, ultrasound, endoscopic (all kinds of these necessary examinations must be indicated by Physicians to assess the patient's conditions and considered as a part of the hospitalization costs), medications, blood transfusions, oxygen, serum, hospital clothing and other related medical expenses but the reimbursement for those charges shall not exceed the sub-limit per each in-patient day stated in Benefit Schedule or Insurance Certificate. Total eligible days of hospitalization benefit shall not exceed 60 days/year and the total amount shall not exceed the Sum Insured of In-patient benefit.

b. Surgery

In case the Insured Person must be hospitalized for inpatient surgery within the scope of coverage, Bao Viet will pay full cost of consultations, anesthetizing fees, post-operation recovery, surgery costs, including organ transplantation (excluding organ purchasing and donation costs). Limit of the inpatient surgery benefit shall not exceed the maximum limit selected by the Insured Person and specified in the Insurance Certificate or Policy.

Outpatient surgery shall not be covered under this benefit.

c. Other benefits (maximum limits are specified in the Benefit Schedule)

- Pre-hospitalization treatment is performed within 30 days prior to the hospital admission
- Post-hospitalization treatment is performed within 30 days from the hospital discharge
- Ambulance services/ conveyance on road
- Rehabilitation
- Public hospital allowance
- Burial allowance in case of Death in the hospital

2. Validity of Insurance

The insurance coverage shall come into effect after the following waiting periods are applied from the Inception date stated in the Insurance Certificate:

- 30 days in case of disease, illness (including the period from the date of first symptom until the end date of treatment; based on the first onset of illness/ disease, not on the time of treatment)
- 90 days from the joining date for pregnancy complications as defined
- 01 year for pre-existing conditions and the diseases detailed in No.36 of the General Exclusion of this Wording
- 01 year for special diseases as defined
- 06 months for children from 15 days to 06 years old: all kinds of bronchitis, bronchiolitis, pneumonia.

SECTION III: OPTIONAL PLANS

The following additional benefits shall be issued with the Wording and are an integral part of this Wording.

The optional benefits are only applied if explicitly stated in the Policy Summary/ Benefit Schedule or the Insurance Certificate and the reimbursement is subject to definitions and exclusions stated in this Wording's Core Plan except otherwise specified.

OPTIONAL PLAN 1 – OUT-PATIENT TREATMENT DUE TO ILLNESS/ DISEASE OR ACCIDENT

1. Insurance benefits

Bao Viet Insurance will reimburse medical expenses incurred in Outpatient treatment due to accidents, illness, diseases, including pregnancy complications during the Coverage Period, including:

- a. Costs of consultation, tests, imaging diagnosis, examination procedure, normal consumable materials prescribed by attending physicians
- b. Costs of prescribed drugs/ medicines
- c. Costs of outpatient surgery and diagnostic endoscopy as defined above
- d. Physiotherapy, radiotherapy, phototherapy indicated by attending doctor

Limit of benefits are specified in attached Benefit Schedule/ Insurance Certificate and/ or Insurance Policy.

Bao Viet shall apply co-payment to children from 15 days to 03 years old at the proportion specified in the attached Benefit Schedule.

2. Validity of insurance

The insurance coverage shall come into effect after the following waiting periods are applied from the Inception date stated in the Insurance Certificate:

- 30 days in case of disease, illness (including the period from the date of first symptom until the end of treatment; based on the first onset of illness/ disease, not on the time of treatment)
- 90 days from the joining date for pregnancy complications as defined
- 01 year for pre-existing conditions and the diseases detailed in No.36 of the general exclusion of this Wording
- 01 year for special diseases as defined.
- 06 months for children from 15 days to 06 years old: all kinds of bronchitis, bronchiolitis, pneumonia.

OPTIONAL PLAN 2: PERSONAL ACCIDENT

1. Insurance benefits

Bao Viet shall cover for death, total permanent disability or partial permanent disability due to accidents occurring during the Coverage Period.

- a. Bao Viet will reimburse the full amount of sum insured stated in the Insurance Certificate or Insurance Policy in case of death or total permanent disability due to accident within the scope of coverage.
- b. Bao Viet will reimburse an amount according to Annex I – Table of Disability Percentage attached to this Wording in case of permanent partial disability due to accident under the coverage.
- c. If the Insured who is permanently partially disabled due to an accident has already got reimbursement, Bao Viet Insurance shall only pay any difference between the Sum Insured stated in the Policy or Insurance Certificate and the already paid amount in case the Insured dies within one (01) year from the occurrence date of the accident as a consequence of such accident.

2. Validity of insurance:

This benefit shall be effective immediately from the inception date stated in Insurance Certificate.

OPTIONAL PLAN 3: TERM LIFE

1. Scope of coverage

Bao Viet shall cover for Death or total permanent disability following any cause other than accidents occurring during the Coverage Period, except for which are specified in SECTION IV-General Exclusions hereunder.

2. Validity of Insurance

This benefit shall be effective after ninety (90) days from the date of premium payment following normal diseases/ illness.

In case of continuous renewal policy, 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, pre-existing conditions, illness/ diseases detailed in No.36 of the General Exclusion of this Wording and complication of pregnancy as defined, this coverage shall only be effective after the Insured completes at least one (01) year of continuous insurance under this Policy.

3. Insurance Benefits

In case of death or total permanent disability within the scope of insurance, Bao Viet shall pay total Sum Insured stated in the Insurance Certificate or Insurance Policy.

OPTIONAL PLAN 4: DENTAL CARE

Bao Viet shall cover for medical expenses incurred for the purpose of diseased teeth treatment, including:

- Examination and diagnosis
- Tooth cleaning
- Normal compound fillings
- Extractions of diseased teeth
- Removal of solid Odon tome (deep under gum)
- Apicoectomy (cut the top of tooth's root)
- Root canal Treatments
- Gingivitis (blow the gums)/ Periodontics

Dental treatment is limited at the following medical facilities:

- HCMC and Hanoi: dental treatment is strictly limited at hospitals or the clinics/ dental clinics in the Direct Billing System signed with Bao Viet Insurance
- Other cities/ provinces: extended to cover treatments at legally licensed clinics/ dental clinics

Bao Viet will not cover for treatments at Happy dental clinic (26 Ham Nghi Street, Da Nang), Viet Phap Dental Clinic (24 Tran Duy Hung Street, Hanoi) and Dai Nam dental clinic (328 Ong Ich Khiem Street, Thanh Khe District, Da Nang).

OPTIONAL PLAN 5: MATERNITY CARE

- Applicable only to the Insured who is from 18 to 45 years old
- The insured must participate in either core Platinum or Diamond Plan
- In case of complications: Apart from benefits under this optional plan, the Insured is also entitled to benefits within scope of coverage under the core plan and optional out-patient plan provided that the Insured must submit sufficient medical records and eligible invoices

Maternity Plan	PLATINUM	DIAMOND
Maximum limit in a coverage period	21.000.000	31.500.000
Premium/ person/ year	4.800.000	5.500.000

1. Insurance benefits

a. Complication of Pregnancy and Childbirth

Bao Viet Insurance will pay expenses for 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, and the mother's immediate pre and postnatal care in hospital. Cover is provided for caesarean sections required on medical grounds and indicated by physicians, excluding voluntary caesarean sections (or any medical expenses required due to a previous voluntary/elective caesarean section). Complications of Pregnancy and Childbirth include but not limited to the followings:

- Miscarriage or when the foetus has died and remains with the placenta in the womb
- Stillbirth abnormal cell growth in the womb (hydatidform mole)
- Foetus growing outside the womb (ectopic pregnancy)
- Massive bleeding in the hours and days immediately after childbirth (post-partum haemorrhage)
- Afterbirth left in the womb after delivery of the baby (retained placental membrane)
- Therapeutic abortion including abortion due to hereditary diseases/congenital anomaly suffered by the fetus or abortion performed to save life of the pregnant woman.
- Preterm labor
- Dystocia (Difficult Labor)
- Complications following any of the above conditions.

b. Normal Pregnancy and Childbirth

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

2. Validity of insurance

This benefit is payable if pregnancy starts after twelve months since the date of this benefit applied (based on the insured's last menstrual period).

In case of complications: After completing the waiting period for Pregnancy, this benefit shall be effective after ninety (90) days from pregnancy conception date.

Special extension: In case of Cesarean (C-section) at Hanoi obstetrics and gynecology hospital, National Hospital of Obstetrics and Gynecology, and other public hospitals (with similar issues or facts), the expenses of Cesarean delivery packages will be covered up to up to sublimits of relevant benefits in benefit schedule without expense breakdown.

SECTION IV: GENERAL EXCLUSIONS

(Applied to the core plan and all optional plans)

Bao Viet shall not be liable to pay any claims caused by any of the following reasons:

1. Wilful misconduct of the Insured Person or the legal heir;
2. Violation of law, regulations and other rules leading to the enforcement of judgments and/ or violation of traffic regulations and/ or violation of labour laws by the Insured Person aged 14 or over;
3. 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;
4. The Insured Person's act of fighting, unless such act can be proved that it is only a defence against an attack;
5. Consequences of accidents occur outside the Coverage Period;
6. Any type of treatment or medication without any Physician's indication or prescription; herbal medicines of unknown origin; oriental medicine private clinics/ facilities;
7. The Insured takes part in aviation activities other than as a licensed fare-paying passengers, participates in military rehearsals training, fights in armed forces;
8. Disaster risks such as earthquakes, volcanoes, tsunamis, radioactive contamination, epidemics officially declared by the authorities (including SARS, H5N1, Ebola);
9. War, civil war, strikes, terrorism, military uprising, insurrection, rebellion, 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;
10. Participation in or training for any professional sport activities or any form of race or competition/ contest;
11. Tuberculosis of any kind, malaria, occupational diseases, leprosy;
12. Cancer;
13. Person who is undergoing treatment due to illness/ disease or any disability, or suffering from permanent disability from 50% and above at the time when (s)he joins the Policy or the Policy comes into effect;
14. Pancreatic failure, leukemia, dialysis, hemodialysis and any consequence or complication thereof;
15. Hormone replacement therapies for the growth period, or the pre-menopausal or menopausal period of women;
16. Any treatment in connection with sexually transmitted diseases such as syphilis, gonorrhea, genital dysfunction (sexual malfunction/ sexual disorder), illness/ disease related to Acquired Immune Deficiency Syndrome (AIDS) including AIDS related complex, and/ or any consequence or complication thereof, or sexually transmitted diseases, or any of related syndromes/ diseases;
17. Any treatment and/ or surgery in connection with birth defects, hereditary illness/ 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;
18. 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 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);

19. 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;
20. Dry eyes, eye strain/ eye fatigue will be covered up to 5% of limit per visit but not exceeding the sum insured of out-patient optional plan;
21. Delivery (Delivery is also deemed to include Childbirth or preterm delivery as a consequence of complications of pregnancy); This exclusion is not applied if the Insured Person enrolls "Maternity care" optional plan;
22. All dental treatments and any related treatments of teeth including in-patient and out-patient. This exclusion is not applied if the Insured Person enrolls "Dental Care" optional plan;
23. Treatment and operation performed as requested by the Insured Person and not associated with common treatment/ procedure or operation; but this exclusion clause will not be applied to medical services performed in Optional supplementary/ pay-for-service alternative/ elective service Departments/ Specialties in public hospitals. Check-ups, examinations and tests without any attending physician's specific diagnosis or indication of treatment;
24. Any type of treatment for Beauty purpose, cosmetic or plastic surgery;
25. Increased skin pigmentation treatment (Hyper pigmentation), acne treatment, alopecia treatment shall be excluded in case of out-patient treatment. If the Insured is required to be admitted in a Hospital for such treatment, the Insurer shall reimburse with respect to In-patient benefit due to illness, disease;
26. Costs of providing, maintaining, fitting or replacing any prostheses or medical supportive appliances or devices as defined;
27. Costs related to operations or treatment in respect of Stem cell transplant procedure, including the categories listed hereof and/ or in the Endorsement as an integral part of Wording/ Policy such as expenses of extracting, processing, transplanting, follow-up care of stem cell, and the consequences thereof. In such cases, the Insurer shall only cover for hospital charges in public hospitals;
28. Dietary supplements and substitutes which are available naturally and possibly purchased without physician's prescription or indication, including the categories listed hereof and/ or other similar substances such as vitamins, tonics, minerals, functional foods, immune boosting drugs, medical preparations;
29. 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;
30. Any treatment of weight control (weight loss or gain), malnutrition, rickets, obesity;
31. Psychiatric and behavioral disorders, mental illness/ mental disorders or mental retardation, Attention deficit disorder (ADD), Autism spectrum disorder (ASD), sleep disorders, insomania, snoring with unknown causes, asthenia, anxiety disorders (stress) or any of related syndromes/ diseases;
32. Costs related to treatment at a clinic which fails to comply with definition hereinabove, including 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;
33. Examination and treatment failing to comply with procedures of hospitals, clinics and medical facilities;
34. Pre-existing conditions as defined shall be covered from the second year onwards after the Insured continuously renews his/ her coverage under the Policy;
35. Special diseases as defined shall be covered from the second year onwards after the Insured continuously renews his/ her coverage under the Policy;

36. The following diseases shall not be covered during the first year whether they occur before or after Inception date:
- + **Diseases of the respiratory system:** Tonsillitis requiring surgical removal, Sinusitis, Deviated nasal septum, asthma; In particular, 06 months of waiting period will be applied to Bronchitis, Bronchiolitis, all types of Pneumonia in case of the insured person from 15 days to 06 years old.
 - + **Diseases of the ear-nose-throat:** Middle ear infections (otitis media) requiring surgery, Adenoid hypertrophy (or enlarged adenoids), Turbinate reduction (also known as turbinoplasty or turbinectomy)
 - + **Diseases of the circulatory system:** Phlebitis, Thrombophlebitis, Varicose veins of lower extremities, Carpal tunnel syndrome, Diseases of lymphatic vessels and lymph nodes, Hemorrhoids
 - + **All types of Metabolic disorders**
 - + **Diseases of the musculoskeletal system and connective tissues:** Chronic Arthritis/ Polyarthrits (Inflammatory polyarthropathies), Spinal degenerative disease (Spondylosis), Degenerative spinal disorders, Spondylosis, Herniated disc, Disorders of bone density and structure, Gout
 - + **Diseases of the digestive system:** Gastric ulcer, Duodenal diseases
 - + **Other diseases:** Calculi (stones), Cysts, Warts, Moles of all kinds, Vestibular disorders
37. Treatment related to ligament re-construction and/ or Torn Meniscus shall be excluded during the first year and covered from the second year onwards after the Insured continuously renews his/ her coverage under the policy, provided that 70/30 co-payment is applicable. The Insured is responsible to pay 30% of eligible expenses according to above definition of co-payment;
38. Medical expenses and treatment for the person who is not eligible to join into this Policy;
39. Treatment which is experimental in nature and/ or not scientifically recognized and/ or any free treatment received at any hospital.

SECTION V: CLAIM SETTLEMENT AND DIRECT BILLING PROCEDURE

1. CLAIM DOCUMENTS

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

- a. Claim form (issued by Bao Viet Insurance) filled in and signed by the Insured or the Claimant who is the Heir/ Beneficiary/ Noniminated 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);
- b. Accident report with confirmation/ signature of the Policy Holder/ Local Authorities or the police at the place of accident; Vehicle registration and driver license if the accident occurs when the Insured is driving a vehicle with an engine displacement of more than 50cc;
- c. 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). If the original documents are unavailable, the copies shall be acceptable provided that they are stamped by Bao Viet. In all circumstances, Bao Viet reserves the right to require originals for checking and/ or reconciliation;
- d. 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;
- e. In case of Death: Medical records prior to Insured's death, Declaration of Death (in case of Insured's death) and the legal confirmation of the beneficiary or beneficiaries (in case of Insured's death) with authorities' notarization.

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. Time bound

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

- i) The claim receipt notification shall be sent within three (03) working days from the date of receipt of all required documentation and information;
- ii) The requirement for additional documents (if necessary) shall be sent within five (05) working days from the date of receipt of all required documentation and information;
- iii) The settlement notice shall be sent within ten (10) working days from the date of receipt of all required documentation and information;
- iv) The claim reimbursement shall be transferred (or settled) within fifteen (15) working days from the date of receipt of all required documentation and information;
- v) 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;
- vi) 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;
- vii) 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:

- i) Show BaoViet Care Card issued by Bao Viet Insurance and ID card, or Passport or Birth Certificate (in case the Insured is a child) in the hospital/ clinic;
- ii) 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);
- iii) Pay the remaining costs which are not within the scope of coverage or exceed the benefit limits.

ANNEX 1

TABLE OF DISABILITY PERCENTAGE

(Applicable to Personal Accident optional plan)

INSURED EVENTS

Bodily Injury resulting directly in

THE BENEFITS

*Being a percentage of the
Sum Insured stated in the
Policy Schedule*

I. DEATH..... 100%

II. PERMANENT TOTAL DISABLEMENTS

- 1. Loss of or loss of sight of two eyes..... 100%
- 2. Total and incurable mental disorder..... 100%
- 3. Total loss of chewing and speaking function..... 100%
- 4. Loss of or total paralysis of two arms (at shoulder or elbow level) or two legs (at hip or knees level) 100%
- 5. Loss of two hands or two feet or loss of one arm and one foot or loss of one arm and one leg or loss of one hand and one leg or loss of one hand and one foot 100%
- 6. Total permanent disablement, which entirely prevents the Insured from doing any business (total paralysis, injuries resulting in being permanently bedridden or causing total permanent disability) 100%
- 7. Cutting off of one lung and part of the other 100%

III. PARTIAL PERMANENT DISABLEMENT

Upper limbs

- 8. Total loss of one arm at shoulder level (removal of shoulder joint) 75-85%
- 9. Amputation of one arm beneath shoulder level 70-80%
- 10. Amputation of one arm beneath elbow level (removal of elbow joint) 65-75%
- 11. Total loss of one hand or five fingers of one hand..... 60-70%
- 12. Total loss of four fingers of one hand 40-50%
- 13. Total loss of thumb and forefinger..... 35-45%
- 14. Total loss of fingers 3-4-5 (other fingers than forefinger) 30-35%
- 15. Total loss of thumb and the other two fingers..... 35-40%
- 16. Total loss of thumb and the other one finger 30-35%
- 17. Total loss of forefinger and the other two fingers..... 35-40%
- 18. Total loss of forefinger and middle finger 30-35%
- 19. Total loss of thumb and its metacarpal bone..... 25-30%
 - Total loss of thumb..... 20-25%
 - Total loss of distal phalanx of thumb 10-15%
 - Loss of half of distal phalanx of thumb..... 07-10%
- 20. Total loss forefinger and its metacarpal bone 20-25%

46. Ankylosis of knee joint	30-40%
47. Loss of substantial portion of patella resulting in significant restricted extension of lower-leg	45-55%
48. Loss of substantial osseous substance of the lower leg leads to shortening of the lower limb	
- By at least 5cm	40-45%
- By 3-5 cm	35-40%
49. Total paralysis of common peroneal nerve	35-45%
50. Total paralysis of tibial nerve.....	25-35%

Spinal column

51. Amputation of posterior arch of one vertebra	35-40%
Amputation of posterior arch of more than one vertebrae	45-60%

Skull and brain

52. Loss of osseous substance of the skull (without symptoms of mental illness) causing chronic headache	35-45%
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Thorax

53. Amputation of one to two ribs	15-20%
54. Amputation of three ribs and more	25-35%
55. Amputation of portion of each rib.....	08-10%
56. Total amputation of one lung	70-80%
57. Amputation of many pulmonary lobes in both lungs, respiration volume decreases by 50%.....	65-75%
58. Amputation of many pulmonary lobes in one lung.....	50-60%
59. Amputation of one pulmonary lobe	35-45%

Abdomen

60. Total gastrectomy	75-85%
61. Partial gastrectomy.....	50-60%
62. Enterectomy (remaining under 1 m)	75-85%
63. Partial enterectomy.....	40-50%
64. Total Colectomy	75-85%
65. Partial Colectomy	50-60%
66. Pure right hepatic lobectomy	70-80%
67. Pure left hepatic lobectomy.....	60-70%
68. Partial hepatic lobectomy (subject to position, quantity and performance).....	40-60%
69. Cholecystectomy	45-55%
70. Splenectomy	40-50%
71. Amputation of tail of pancreas-lien.....	60-70%

Urogenital System

72. Total renoectomy, the function of remain kidney is normal	50-60%
73. Total renoectomy, the remain kidney is injured or contracted disease	70-80%

74. Partial left or right renoectomy	30-40%
75. Removal of portion of bladder	27-35%
76. Loss of penis and two testicles , in respect of the person	
- who is under 55 years old and without children.....	70-80%
- who is under 55 years old and have had children.....	55-65%
- who is above 55 years old	35-40%
77. Uterectomy and ovariectomy in one side, in respect of the woman	
- who is under 45 years old and without children.....	60-70%
- who is under 45 years old and have had children.....	30-40%
- who is above 45 years old	25-30%
78. Mammectomy, in respect of the woman	
- who is under 45 years old and in one side.....	20-30%
- who is under 45 years old and in both sides.....	45-55%
- who is above 45 years old and in one side	15-30%
- who is above 45 years old and in both sides	30-40%

Eye

79. Total loss of or total loss the use of one eye, not to be able to be installed artificial eye	55-65%
Total loss of or total loss the use of one eye, to be able to be installed artificial eye	50-60%
80. Loss or loss the use of one eye and there was loss or loss of use of the other eye before the accident	80-90%

Ear-Nose-Throat

81. Total loss of hearing in both ears, there is no ability of recovery	75-85%
- Severe deafness (be able to hear speaker screaming or speaking loudly right into ear)	60-70%
- Moderate deafness (be able to hear voices from a distance of 1 meter-2 meters).....	35-45%
- Mild deafness (be able to hear voices from a distance of 2-4 meters)	15-20%
82. Total loss of hearing in one ear, there is no ability of recovery	30-40%
- Moderate deafness	15-20%
- Mild deafness.....	08-15%
83. Total loss of helix in both sides	20-40%
84. Total loss of helix in one side	10-25%
85. Total loss or deformation of nose.....	18-40%

Face

86. Total loss of maxilla and mandible at its ramus downward in different sides.....	80-90%
Total loss of maxilla and mandible at its ramus downward in one side	70-80%
87. Total loss of maxilla or mandible.....	70-80%
88. Partial loss of maxilla or loss of one-third to one-second of mandible from its ramus downward	35-45%
89. Loss of teeth more than 6 teeth and not being able to be installed artificial teeth.....	30-40%

Loss of 5-7 teeth.....	15-25%
90. Loss of three-fourth of tongue, root remained	75-85%
91. Loss of two-third of tongue from tip of the tongue.....	50-60%
92. Loss of one-third of tongue, having adverse impact on pronouncing.....	15-25%
93. Loss of part of tongue (less than one-third) which adversely impacts on pronouncing	10-15%

PROVISIONS OF REIMBURSEMENT

The reimbursement will be based on claim documents submitted to Bao Viet and subject to the following provisions:

1. The absolute and definitive functional lameness of a limb or of a segment of a limb shall be deemed to the cutting off of that limb or limb segment.
2. Disablements, which are not listed in Scale table, shall be compensated in proportion to their severity as compared with those listed.
3. Reimbursement for wound treated normally and not being infected shall be subject to the lowest level of the payment scale for respective disablement.
4. Reimbursement for wound treated complicatedly, being infected or leaving sequel after treatment shall be, based on degree of seriousness, paid up to highest level of the payment scale for respective disablement.
5. In case of various wounds incurred by the same accident, each wound shall be reimbursed separately but total reimbursement for all wounds shall not exceed the sum insured. In case of various wound incurred on same limb, total reimbursement shall not exceed the sum insured for loss of that limb.
6. In case of redone operation, when bones should be broken and joined again, further settlement shall be paid up to 50% of lowest level of the payment scale for respective disablement but not exceed the sum insured.