

BAOVIET HEALTHCARE INSURANCE WORDING

(Issued in accordance with Decision No. 1927/2011/QĐ/TGD-BHBV dated 22 June, 2011 by Chief Executive Officer of Bao Viet Insurance)

PART I: GENERAL CONDITIONS

I. DEFINITIONS

1. Accident

Any sudden and unforeseen event, caused by an external, violent and visible means during the period of insurance, and a direct cause resulting in Bodily Injury or Death to the Insured Person and occurs beyond the Insured Person's control.

2. Bodily Injury

Injury which is caused directly by an Accident which results in the Insured Person's dismemberment/ disablement.

3. Total Temporary Disablement

Disablement to the extent of the Insured Person being unable to perform his or her occupational duties, but this disablement does not exist permanently.

4. Partial Temporary Disablement

Disablement to the extent of the Insured Person being unable to perform some job-related tasks in a certain time.

5. Total Permanent Disablement

Disablement which entirely prevents the Insured Person from attending to his occupation or employment of any kind and disablement which lasts 52 consecutive weeks and at the expire of that period is beyond hope of any improvement.

6. Partial Permanent Disablement

Disablement which disables the Insured Person to rehabilitate one or some of his/ her body parts as a result of removal or loss/ loss of use or paralysis of such parts.

7. Illness

An abnormal condition marked by a pathological deviation from the normal healthy state.

8. Pre-existing Diseases/ Injury

Illness or injury which exists before applying for insurance and due to such medical condition, the Insured Person:

- a) has been under treatment within three (03) previous years
- b) has recognised or has been aware or should reasonably be aware of symptoms of such illness/ injury before the date of applying for the insurance, regardless of whether a consultation/ treatment is received or not.

9. Special Diseases

Refers to cancer and tumor of all types, hypertension, cardio-vascular diseases, stomach ulcers, chronic inflame of bone joints, intestine ulcers, liver inflammation, inflammation of inside uterus, haemorrhoids, different kinds of stones in the urinary and biliary systems, cataract, sinusitis, Parkinson, diabetes, disease relating to recreating blood system such as blood purification, blood transfusion, hemodialysis.

10. Permanent Total Disability due to Illness/ Disease

Refers to a completely physical and mental alteration to the extent that the Insured Person is unable to meet personal, social, or occupational needs, or to meet statutory or regulatory requirements.

11. Ambulance Service

Means the ambulance car service provided by any legally licensed hospitals or clinics in the event of a Medical Emergency or serious accident/ illness or diseases to transport the Insured Person to the nearest hospital/ clinic or from a hospital/ clinic to another (excluding air transportation).

12. Emergency Treatment

A treatment is received in an emergency ward/room of a medical establishment within 24 hours for a sudden and serious injury or illness which causes severe symptoms constituting a hazard for life, health or physical well-being and requiring an immediate medical care with charged “room & board” expenses and “emergency case” certified in medical documents.

A treatment taken in the emergency ward/ room for a sole reason of outside working hours and not an emergency case as defined, it is considered as an out-patient treatment.

13. Hospital

Refers to a medical establishment which is legally licensed and recognized by the State and:

- a. has capabilities and facilities for diagnosis, treatment and surgical operation.
- b. has convenient conditions for in-patient treatment and a daily healthcare system for in-patients.
- c. is not a spa or hydro clinic or health convalescent home or sanatorium or a special place for the sole purpose of serving the aged people, alcoholics and drug addicts or for treatment of mental disorder and leprosy.

14. Hospitalization

The necessity for a patient to stay at least 24 hours in the hospital for medical treatment including childbirth and/or treatment during pregnancy. In case a hospital cannot issue an Admission and/or Discharge Form, either medical documents or invoices that clearly state the period of treatment are accepted as replacing documents. The hospitalization unit is counted by 24-hour or on board basis which is shown in the Admission or Discharge Form or in the list of breakdown medical costs.

15. Room and Board

Costs, limited to a private room rate (excluding VIP room), and associated charges including admittance to the intensive care unit and other necessary charges for nursing by a qualified nurse.

16. Surgical Operation

A scientific method to treat an injury or a disease which is undertaken by a legally licensed surgeon through manual operations with medical instruments or equipments in the hospital including but not limited to endoscopic surgery, laser surgery...

17. Organ Transplantation

Surgical transplant of heart, lung, liver, pancreas, kidney or bone marrow to the Insured Person performed by a duly qualified physician in a hospital. The costs of organ acquisition and all costs incurred by the donor are not covered under this policy.

18. In-patient Treatment

The Insured Person who is admitted to a bed in a hospital or clinic with incurred expenses such as pre-hospitalization expenses, hospitalization charges, day-patient, surgical operation (including day-patient surgery), post-hospitalization, home nursing expenses and others if clearly stated in the policy schedule.

19. Pre-hospitalization Treatment

Costs of consultations, diagnosis, X-ray, scans, laboratory/ diagnostic tests, medications indicated by a physician, resulting directly from a medical condition for which hospitalization is required and performed within thirty (30) days immediately prior to the date of hospital admission.

20. Physician

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 license and training but excluding a Physician who is the Insured Person himself, or spouse or lineal relatives of the Insured Person. A physician may be recognized as a consultant or a specialist.

21. Prescribed Drugs

Medications which are sold and prescribed by a physician according to legal regulations, excluding functional food, cosmetic medicines and vitamins unless these vitamins are prescribed by a physician and of which costs are less than the prescribed drugs.

22. Eligible Medical Expenses

Actual and reasonable expenses incurred for medically necessary treatments of an illness/ disease or injury.

23. Post-hospitalization Treatment

Follow-up medical treatments prescribed by an attending doctor and performed within thirty (30) days immediately following discharge from a hospital where in-patient treatments were received. These include consultations, diagnosis, X-ray, scans, laboratory/ diagnostic tests and prescribed medicines.

24. Home Nursing

Services of a legally licensed nurse in the Insured Person's abode immediately following a covered in-patient stay in the hospital subject to minimum seven (07) day hospitalization period. This service must be prescribed by the attending physician for specific medical reasons.

25. Day-patient

The Insured Person who is admitted to the hospital bed for treatment but does not stay overnight.

26. Medical Treatment

Surgical, medical or order procedures with the sole purpose of which is the cure or relief of a medical condition.

27. Rehabilitation

This is not a normal medical treatment. It is a method which aims to help patients recover from an acute illness/ injury to their normal healthy state from the time when the patient is indicated by the attending physician to receive treatments at the rehabilitation center. The cover is limited maximum 10% of Sum Insured per person per year.

28. Aid equipment

All equipments which assist for surgical operation, disease treatment are put/implant into any part of the body in order to maintain running of this part including but not limited to disc, metal screws in bone surgery,

pacemakers, stapler for hemorrhoids surgery, stents and other aid equipments such as walking aids, trolleys, hearing aids, glasses and other orthotics...

Prosthesis

Artificial parts are made to replace one of body parts including but not limited to dentures, artificial limbs, artificial lens...

29. Maternity Care

Expenses incurred for childbirth, miscarriage or abortion indicated by an attending physician, or ovariectomy but not relating to infertility, and any complications of pregnancy of the Insured Person in respect of normal or complicated delivery/ caesarean section.

30. New-born Baby Care

Any associated in-patient costs which presents symptoms at birth or which manifest it within seven (07) days following delivery provided that the mother is still in the hospital.

31. Complications of Pregnancy

Medical treatment arising during the stages of pregnancy, childbirth and a recognized obstetric procedure (excluding caesarean section upon the Insured Person's request).

32. Out-patient Treatment

The Insured Person receives a medical treatment at a legally licensed medical facility (registered at Province or City Department of Health and Bureau of Taxation) but is not admitted to a hospital bed as an In-patient or Day-patient.

33. Limit per Doctor Visit

Eligible medical expenses for diagnosis, laboratory/ diagnostic tests, X-ray, and prescribed medicines incurred in a certain period of time which does not exceed 24 hours at a legally licensed hospital/clinic are considered as one (01) doctor visit, regardless of whether number of diseases being cured or number of doctors being visited.

34. Insured Person

A person who is named on the Policy Schedule/Endorsement or in any attached list approved by Bao Viet.

35. Dependant

Legal spouse, parents or parents-in-law under 66 years old at the inception date of the policy. Children of the Insured Person at the age from 12 months to 18 years old or 23 years old if still being in full-time education and unmarried at the inception date or following renewal date.

All dependants must be named in the list of Insured Persons.

36. Policyholder

Means an individual or organization/company with whom Bao Viet has signed this policy.

37. Insurer

Means Bao Viet Insurance (Bao Viet) and their subsidiaries.

38. Policy

The contract of insurance signed between Bao Viet and Policyholder, providing services as detailed in the policy wording. The Policy Schedule forms part of the insurance contract and must be read together with the policy wording.

39. Policy Schedule

The schedule giving details of the Policyholder and the Insured Person, summary of insured benefits.

40. Date of Entry/ Effective Date

The date shown on the Policy Schedule or endorsements on which the Insured Person enrolls the policy or the date when insurance benefits come into effect partly or wholly subject to the waiting periods or otherwise as specifically agreed on the Policy Schedule. The insurance commences from 00:01 AM of the date shown on the Policy Schedule, signed for the first time or renewal uncontinuously.

41. Period of Insurance

The period is particularly shown on the Policy Schedule or endorsements thereon.

42. Renewal Date

The effective date of the renewal policy.

43. Waiting Period

Means all benefits concerned will not be payable during that period.

44. Territorial Scope

This policy provides the cover for accident(s)/ diseases and eligible medical expenses incurred in Vietnam unless it is otherwise stated in the Policy Schedule/certificate or endorsements, if any.

45. Direct Billing Network

The legally licensed medical facilities where Bao Viet are able to guarantee to pay eligible medical expenses incurred by the Insured Person for treatments. The Insured Person is responsible for any excess of insured limits at the time of treatments.

II. Eligibility

1. This policy covers Vietnamese or foreigners aged from 12 months to 65 years old, residing within the territory of Vietnam.
2. Bao Viet shall not accept to cover the followings:
 - a) Person who suffers from mental illness, leprosy.
 - b) Person who is permanently disabled from 50% upward.
 - c) Person who is under a treatment of any illness or injury.

III. Binding, Cancellation and Renewal

1. When a proposal is made, a representative of the group shall be responsible to complete an application form and send it to Bao Viet together with a list of Insured Persons. Such list shall form part of the insurance policy.
2. In case of individual policy, the Insured Person must fulfill the application form in utmost good faith.
3. In case either party requests to cancel the insurance, 30-day notice in writing shall be given to another party in advance. If the policyholder (or Insured Person) requests to cancel the insurance, Bao Viet shall return 80% of premium of unexpired period. If requested by Bao Viet, the policyholder (or Insured Person) shall become entitled to 100% of premium of unexpired period. In any circumstances, Bao Viet is only responsible to refund premium if no claim was paid or agreed to pay during the insurance period.

- At the end of the policy, Bao Viet reserves the right to decline to renew the policy or to revise the terms, conditions and sub-limits stated in the Policy Schedule.

IV. Co-insurance/ Other insurance

In case medical expenses incurred for treatments of the same injury, illness which are claimable under any other insurance, Bao Viet shall only pay amounts which are in excess of the limits covered under other insurance or on a proportional basis between the limit of this policy and total aggregate limits of other insurance.

V. Premiums and Sum Insured

Premium scale and Sum Insured are based on US dollars (or Viet Nam Dong, if applicable). Premium and claim shall be settled in accordance with the state current regulations on foreign exchange management. Premium can be adjusted by Bao Viet at the renewal date depending upon claim ratio and other factors.

Change of benefits

Limits/sublimits of all insured conditions and Out-patient are kept unchanged during the insurance period. These benefits can only be revised at the renewal date.

VI. Short-term Premium Rate

Period of cover	Percentage on annual premium
Up to 3 months	30%
Up to 6 months	60%
Up to 9 months	85%
Over 9 months	100%

VII. Termination of Insurance Benefits

All benefits under this policy will be invalid at 12.00 PM (midnight) of the last day of the insurance period or on the terminated day, whichever comes first.

VIII. Special Circumstances

In the event that the Insured Person participates in matches or races of professional nature, such as bike/ motorbike/ car racing, horse racing, football, boxing, mountaineering, surfing, wind surfing or participates in space exploration, new land exploration, scientific explorations and other activities, such as hunting, mountainous expedition, pole expedition, expedition squad, etc., the coverage will be subject to Bao Viet's prior confirmation in writing and loading premium to be paid, if any.

IX. Obligations of the Insured Person

- Must fulfill the application form in utmost good faith.
- Disclose personal information truthfully and provide proofs for risks assessment.

In the event that the policyholder, the Insured Person or their legal beneficiary untruthfully observe the terms and conditions of the policy, Bao Viet shall become entitled to repudiate the payment of claims partly or wholly subject to the extent of infringement.

X. Time for Claim Settlement and Legal Proceedings

1. Time bound: Bao Viet shall be responsible to settle and pay claims within fifteen (15) working days after the date of receipt of full and valid claim documents.
2. The Insured Person shall be entitle to counterclaims against Bao Viet within six (06) months from the date of receipt of claim settlement notice and no action in law or in equity shall be brought against Bao Viet after the expiration of three (03) years from the event giving rise to a claim.
3. Any disputes with regards to this policy wording, which cannot be settled by negotiation, shall be submitted to the Court of Viet Nam and be governed by the Laws of Viet Nam.

PART II: CORE INSURANCE BENEFITS

I. CONDITION A: TERM LIFE

1. Scope of Cover

Covering Death or Total Permanent Disablement which are not caused by accident(s) occurring in the insurance period subject to the exclusions stated in the Part III hereunder.

2. Validity of Insurance

The insurance shall come into effect after thirty (30) days as from the date of premium payment. The renewal policy shall be automatically valid right after the date of premium payment.

In case of Death caused by special or pre-existing diseases as defined, the coverage shall only take effect after 12 continuously joining months.

3. Insurance Benefits

Bao Viet shall pay total Sum Insured stated in the Policy Schedule or certificate in case of Death or Total Permanent Disability caused by illness or disease subject to the terms, conditions and exclusions of the policy or otherwise as agreed.

II. CONDITION B: DEATH OR PERMANENT DISABLEMENT DUE TO ACCIDENT

1. Scope of Cover

Covering Death, Total or Partial Permanent Disability caused by accident(s) occurring in the period of insurance subject to the exclusions stated in the Part III hereunder.

2. Validity of Insurance

The insurance shall come into effect right after the date of premium payment.

3. Insurance Benefits

- a. Bao Viet shall pay total Sum Insured stated in the Policy Schedule or certificate in case of Death or Total Permanent Disability caused by accident(s) subject to the terms, conditions and exclusions of the policy or otherwise as agreed.
- b. In case of Partial Permanent Disability, Bao Viet shall pay a percentage of the insured amount as regulated in the Scale of Compensation attached to this policy.
- c. In the event of sustaining Partial Permanent Disability arising out of an insured accident, should the Insured Person die within one year as a consequence of such accident, Bao Viet shall pay the difference between the insured amount mentioned in the Policy Schedule or certificate and any sum of money which has been paid beforehand.

III. CONDITION C: MEDICAL EXPENSES DUE TO ACCIDENT(S)

1. Scope of Cover

Covering medical expenses incurred for in-patient/ out-patient treatments of accident(s) occurring in the insurance period subject to the exclusions stated in the Part III hereunder.

2. Validity of Insurance

The insurance shall come into effect right after the date of premium payment.

3. Insurance Benefits

In case medical expenses incurred by the Insured Person for treatment of accident(s) not being excluded from this policy, Bao Viet shall pay all the actual and reasonable medical expenses up to the Sum Insured stated in the Policy Schedule or the certificate.

IV. CONDITION D: IN-PATIENT TREATMENT DUE TO ILLNESS, DISEASE OR PREGNANCY

1. Scope of Cover

Covering medical expenses incurred by the Insured Person for in-patient treatments of illness, disease or pregnancy whilst in hospital confinement subject to the exclusions stated in the Part III hereunder.

2. Validity of Insurance

This Policy shall come into effect after the date of premium payment subject to the following waiting periods unless it is otherwise agreed in the Policy Schedule:

- a. 30 days in case of normal illness, disease.
- b. 12 months in case of pre-existing diseases and special diseases
- c. 90 days in case of miscarriage, abortion or pregnancy treatment indicated by an attending physician.
- d. 270 days in case of childbirth.
- e. The renewal policy shall be automatically effective right after the date of premium payment.

3. Insurance Benefits

a. In case of hospitalization

In case the Insured Person must be hospitalized during the insurance period, Bao Viet shall pay actually and reasonably incurred medical expenses including room and board, meals, testing, X-ray, medicaments, blood, oxygen, serum transfusion, hospital clothes and other hospitalization charges but not exceeding 5% of Sum Insured of the hospitalization benefit per day and total reimbursed amounts shall not exceed the Sum Insured of such benefit as specifically stated in the Policy Schedule.

b. In case of surgical operation

In case the Insured Person must be hospitalized for surgical operation as a results of illness(es)/ disease(s), complications of pregnancy and caesarean, organ transplantation (excluding costs of organ acquisition and all costs incurred by the donor) which are not excluded from the policy, Bao Viet shall pay actually and reasonably incurred medical expenses for surgical procedures, such as consultation, anaesthetic fee, recovery, surgical operation etc. The maximum reimbursed amounts shall not exceed the Sum Insured of the surgical operation benefit as specifically stated in the Policy Schedule.

c. Other benefits (coverage extension subject to sub-limits stated in the Policy Schedule)

- Pre-hospitalization treatment within 30 days immediately prior to hospital admission
- Post-hospitalization treatment within 30 days immediately following the date of charge
- Home nursing within 15 days immediately following the date of charge
- Hospital cash allowance (max. 60 days/ year)
- Rehabilitation
- Ambulance costs within Vietnam, excluding air transportation
- Burial allowance
- New-born baby care within 7 days right after delivery (applicable for group from above 50 persons)

Maximum payable amounts of the a, b and c benefit under the Condition D shall not exceed the Overall Annual Limit as specifically stated in the Policy Schedule.

PART III: EXCLUSIONS

APPLICABLE FOR ALL CONDITIONS AND ENDORSEMENTS

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

1. Wilful misconduct of the Insured Person or the legal heir;
2. Grave violation of law, regulation and other rule of the local authority or other social bodies and serious violation of traffic regulations by the 14 year-old Insured Person and over;
3. Consequences of use of alcohol, beer beyond defined degree of 50 mg/100 ml of blood or 0.25 mg/11 of atmosphere. The Insured Person is under the influence of other similar stimulants when it is proven that it has been the direct cause of the accident;
4. The Insured Person's act of fighting, unless such act can be proved that it is only a defence against an attack;
5. Medical treatment or use of medicaments or medicines without any prescription or indication of a physician;

6. Participation in air transport activities other than as a licensed fare-paying passenger, military demonstration or training, fighting in armed forces;
7. Disasters including earthquake, volcanic eruption, tsunami, radioactive contamination, epidemic diseases warned by WHO at level 6 or above;
8. War, civil war, strike, terrorism or violence, riots, invasion, acts of foreign enemy hostilities or warlike operations (whether declared or not), 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;
9. Participation in any professional sport activities, any racing activities;
10. Syphilis, gonorrhoea, tuberculosis, malaria fever;
11. Treatment of sexually transmitted disease, Human Immunodeficiency Virus (“HIV”) related illness including Acquired Immune Deficiency Syndrome (“AIDS”) Related Complex and/or any mutation, derivation, or variation thereof, impotence treatment or sex- transformation, any AIDS-related Complex (ARC) and any other AIDS related conditions or diseases;
12. Treatment of and/or surgery for birth defects, congenital anomalies, genetic deformities or diseases, hereditary medical conditions with symptoms present at birth, surgery which had been indicated before the inception date of the policy;
13. Routine health examination or check-up (in or out-patient), physical examination or medical consultation including gynaecological/andrological examination not related to treatment of an insured illness or injury, routine tests and check-up for new-born babies, inoculations, vaccinations and preventative medicines (except for vaccinations after accidents);
14. Normal eye tests, normal hearing tests, non-medical/natural refractive eye/hearing defects including but not limited to myopia, presbyopia and astigmatism and any corrective surgery for non-medical/natural degenerative sight and hearing defects;
15. Treatment or surgical operation upon requests of the Insured Person which is in anyway not the normal therapeutics;
16. Cosmetic surgery and orthopaedics;
17. Treatment for beauty purpose including but not limit to treatment of increased skin pigmentation, acne, alopecia (hair loss), etc. *Such exclusion is not applicable for the Condition D – In-patient Treatment;*
18. Cost of providing, maintaining or fitting any external and internal prostheses or appliances, aid equipments/ devices as defined.

However, in respect of disc and metal screws in bone surgery under a treatment of accident(s), Bao Viet will reimburse maximum 10% of Sum Insured of Condition C - Medical expenses due to accident(s);
19. Dietary supplements and substances which are naturally available and can be purchased without doctor’s prescription including but not limited to vitamins, mineral and organic substances (excluding vitamins being prescribed by an attending doctor for a sole purpose of treatment of an insured illness/ injury and costs of which are not higher than medications contained therein);
20. Test or treatment directly or indirectly arising from or required in connection with: male and female birth control, any abortion performed due to psychological or social reasons, infertility and/or fertility and

sterilization or its reversal, or any form of assisted conception, or treatment of impotence, or sex change, or any consequences or complications thereof;

21. Treatment or control of weight (loss or gain);
22. Treatment for mental/ psychiatric illness, mental/ psychological disorders, sleeping disorders, insomnia (sleeplessness), fatigue, stress or other stress-related illnesses;
23. Treatment at illegally licensed private doctors' or private dental clinics which cannot provide medical documents/ invoices as regulated by laws unless it is otherwise agreed and stated in the Policy Schedule or endorsements thereon;
24. Special diseases and pre-existing diseases within 12 continuously joining months unless it is otherwise agreed and stated in the Policy Schedule or endorsements thereon.

PART IV: CLAIM PROCEDURES AND SETTLEMENT

I. PROOF OF CLAIMS

For all claims, the Insured Person or Beneficiary must submit the following original documents in English or Vietnamese to Bao Viet within 60 days (Bao Viet is entitled to wholly or partially decline claims, except for force majeure, if the Insured Person does not meet the timeline as required) from the date of the treatment end or death:

1. Bao Viet's Claim Form;
2. Minute/ report of accident certified by a person-in-charge of company (policyholder) or local authorities or police at the place of accident occurred. Car/ motorbike registration form or driving license in case of driving motor vehicle which is higher than 50cc;
3. Medical documents related to a treatment, e.g prescriptions, medical books, hospital discharge forms, medical reports/ certificates, test/laboratory results, surgical certificate (in case of surgical operation), etc. Photocopy of medical treatment documents certified by company (policyholder) or Bao Viet are acceptable;
4. Payment documents, e.g invoices, bills or receipts, must be original forms as regulated by Ministry of Finance or Bureau of Taxation;
5. Other documents related to Salary Allowance:
 - + Leave indication of an attending doctor (or form of leave for social insurance)
 - + Staffs in/out checking sheet (or HR department's certification of actual leaving days) in respect of salary allowance; Labour contract/ agreement, Letter of Offer, payroll sheet (or letter of salary increase) in the event that monthly salary of every insured person is not particularly stated in the Policy Schedule or in the attached list or any endorsements thereon.
6. Death Certificate and confirmation of legal beneficiary or beneficiaries or heirs (in case of death).

II. CLAIM PROCEDURES AND SETTLEMENT

1. Bao Viet's direct billing network

(Not applicable for expenses arising out of the scope or in excess of the insured limits)

Before hospital admission

- Insured Person presents Bao Viet's healthcare insurance card and ID card/ passport/ or birth certificate in case of children

Before hospital discharge

- Insured Person or a representative of the Insured Person signs the claim form and any medical treatment documents if required.
- Insured Person settles any expenses arising out of the scope or in excess of the insured limits prior to leaving.

2. Pay first – Claim back (for treatments outside Bao Viet's direct billing network)

- Insured Person pays all medical expenses to hospitals/ clinics, collects medical documents and submits claims to Bao Viet.
- The claim is handled and settled within 15 working days from the date when Bao Viet receives full claim documents.

ENDORSEMENTS OF BAO VIET HEALTHCARE INSURANCE

The following endorsements shall be attached to the wording and shall form part of this policy.

ENDORSEMENT I: OUT-PATIENT TREATMENT

I. INSURANCE BENEFITS

Baoviet shall reimburse medical expenses incurred by the Insured Person for out-patient treatment of illness, disease during the insurance period, unless it is otherwise excluded from the policy terms and conditions as particularly stated in the Part III of this policy wording, including:

1. General practitioners and specialist fees, prescribed medicines (invoices/ bills must show the same quantity and kinds of medicines as the ones stated in the prescription), laboratory test, X-ray, diagnostic tests, etc. indicated by an attending physician.
2. Physiotherapy, radiotherapy, phototherapy, heat therapy or other similar treatments indicated by an attending physician.

Sub-limit applicable for the benefit 1 & 2 of this Endorsement:

- Limit per doctor visit: 20% of the Sum Insured/visit/person
- Maximum number of visits: 10 visits/year
- 3. Dental treatment for the following cases: examination, X-ray, gingivitis, pyorrhea, normal compound fillings (Amalgam, Composite, Fuji...), root canal treatment (devitalisation), teeth cleaning, extraction of diseased teeth (including minor surgery).
 - Limit for dental treatment: 20% of Sum Insured/person/year
 - Teeth cleaning: US\$20/person/year

II. WAITING PERIOD

The benefit of this Endorsement will take effect after the following waiting periods:

1. First thirty (30) days in case of normal illness/ disease

2. First twelve (12) months in case of Special diseases and Pre-existing diseases as defined.

ENDORSEMENT II: EMERGENCY MEDICAL EVACUATION

Cover under this Endorsement is extended to include the cost for services listed below necessarily incurred within the Territory of Vietnam while the Insured Person, suffering an accident, traveling outside the place of residence as declared within ninety (90) consecutive days per policy period. The limit shall be maximum US\$50,000 per policy period and subject always to further conditions as specified hereunder.

I. INSURANCE BENEFITS

1. Emergency Message Transmission Assistance

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

2. Medical Service Provider Referral

The Assistance Company, upon request, shall provide the Insured Person with name, address, telephone number and, if available, office hours of physicians, hospitals, clinics, dentists and dental clinics within Vietnam. The Assistance Company shall not be responsible for providing medical diagnosis or treatment. Although the Assistance Company shall make such referrals, the final selection of Medical Service Provider shall be at the Insured Person's discretion. However, the Assistance Company will exercise care and due diligence in providing "Medical Service Provider" to the Insured Person.

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

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

4. Arrangement and Payment of Emergency Medical Evacuation

The Assistance Company will arrange for the air and/or surface transportation and medical care during transportation, communications and all usual ancillary services required to move the Insured Person when in a Serious Medical Condition as defined hereunder to the nearest hospital, where appropriate medical care is available in the territorial limit. Bao Viet shall pay the necessarily medical expenses of such transportation and communication and all usual ancillary charges incurred in such services so arranged by the Assistance Company.

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

Emergency Evacuation is only proceeded in the event of necessary treatment not being readily available at the place of the incident and subject to written agreement from Bao Viet prior to the travel and certified instructions from the attending medical practitioner or specialist including confirmation that the required treatment is unavailable in the place of incident.

5. Arrangement and Payment of Emergency Medical Repatriation

The Assistance Company will arrange for the return of the Insured Person to his place of residence in Vietnam following an emergency medical evacuation for subsequent In-Hospital treatment outside the place of residence. Bao Viet shall pay all expenses necessarily and unavoidably incurred in the services so arranged by the Assistance Company.

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

6. Arrangement and Payment of Repatriation of Mortal Remains

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

II. OBLIGATIONS OF THE INSURED IN CASE OF EMERGENCY ASSISTANCE

1. Request for Assistance

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

Address of Alarm Center	Tel No.	Fax No.
167A Nam Ky Khoi Nghia Street, District 3, Ho Chi Minh City, Viet Nam	(84) 38 823 24 29	(84) 38 829 85 51

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

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

2. Life threatening situation

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

3. Hospitalization prior to notice the Assistance Company

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

4. Medical Transfer

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

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

III. PREMIUM AND SUM INSURED

- 1. Maximum Limit: US\$50,000/person/year
- 2. Annual Premium: US\$20/person/year

ENDORSEMENT III: SALARY ALLOWANCE

Accident(s): Salary allowance/ compensation during in-patient/ our-patient treatments but not exceeding the time duration as particularly stated in the policy schedule or certificates or endorsements thereon.

Illness(es): Salary allowance/ compensation during in-patient treatments but not exceeding the time duration as as particularly stated in the policy schedule or certificates or endorsements thereon.

Cover of this endorsements is based on actual leaving days for in-patient/ out-patient treatments due to accidents or in-patient treatments of illness/ disease subject to indications by an attending physician and confirmation by Human Resources department.

Formula to pay daily salary/ allowance (including Saturday, Sunday and holidays), as follows:

$$(Monthly\ payroll / person) / 30\ days \times actual\ leaving\ days$$

Or

$$(Max.\ limit / person) / number\ of\ insured\ days\ as\ stated\ in\ the\ policy\ schedule \times actual\ leaving\ days$$