

### Intercare

<b>Eligibility of Insured Persons</b>	<p>It is understood and agreed that it is a precedent condition to the right of the insured to cover under this policy and will prevail over any term condition, exclusion and extension, if any.</p> <ul style="list-style-type: none"> <li>- Insured person not suffer from mental illness or permanent disability from 80%.</li> <li>- Age limit from 15 days to 69 years old for new enrolment or 72 for renewal.</li> </ul>	
<b>Terms and Conditions</b>	<p>As per Bao Viet's InterCare policy wording in accordance with Decision No. 2016/BHBV/BHCN2013 dated 24/06/2013 attached.</p>	
<b>Examination Term</b>	<p>The Insurer shall have the right and the opportunity through his medical representative to examine any Insured Person whenever and as often as may be reasonably required within the duration of any claim. In addition the Insurer shall have the right to request an autopsy to be performed in the case of death, where this is not forbidden by law or religious beliefs.</p> <p>In case of any fraudulent claim made by an Insured Person, Bao Viet shall be entitled to terminate the cover for such Insured Person with immediate effect and premium will not be refunded.</p>	
<b>Waiting Period</b>	<b>Personal Accident</b>	Not applicable
	<b>In-patient/ Out-patient Treatment</b>	<ul style="list-style-type: none"> <li>- First 30 days in case of normal illness/disease</li> <li>- First 12 months in case of pre-existing conditions and special diseases as defined</li> </ul>
	<b>Death, Total Permanent Disablement</b>	<ul style="list-style-type: none"> <li>- First 90 days in case of normal illness/disease</li> <li>- First 12 months in case of <b>pregnancy</b>, pre-existing conditions and special diseases as defined</li> </ul>
	<b>Pregnancy and Childbirth</b>	As particularly stated in the Schedule of Benefits below

<b>Total Annual Premium</b>	<b><u>VND</u></b>
<b>Payment Term</b>	Before .../ .../ ... <i>Bao Viet will decline any claims incurred arising during the insurance period if premiums either by installments or in full amount are not paid to Bao Viet in accordance with Payment Term stated in policy or otherwise as agreed.</i>
<b>Insurer</b>	<b>Bao Viet Saigon</b>
<b>Account Information</b>	Bao Viet Insurance Corporation – Bao Viet Saigon 1&2/F Bao Viet Tower, 233 Dong Khoi, Dist. 1, HCMC Account No.: 007.100.001232.2 (VND) Vietcombank – Ho Chi Minh branch

### **SCHEDULE OF BENEFITS**

<b>Geographical Limit</b>	<u>Area 1:</u> Vietnam <u>Area 2:</u> Vietnam, Thailand, Taiwan, Laos, Cambodia, Philippines, Indonesia, Malaysia, Brunei, Myanmar <u>Area 3:</u> All countries in Area 2 and Singapore, China, Hongkong, Macau, Korea, Australia, New Zealand, Japan, India <u>Area 4:</u> Worldwide excluding USA and Canada <u>Area 5:</u> Worldwide
<b>Jurisdiction Limit</b>	Vietnam

#### **I. CORE PLAN (IP)**

##### **Scope of Coverage**

Covering medical expenses and emergency evacuation incurred by the Insured Person for treatments of accidents, illnesses or diseases that not being excluded from the terms and conditions of the policy

***Currency: VND***

<b>IP</b>	<b>Select</b>	<b>Essential</b>	<b>Classic</b>	<b>Gold</b>	<b>Diamond</b>
<b>Area of coverage</b> (Eligible Medical Expenses Incurred in)	Area 1	Area 2	Area 3	Area 4	Area 5
<b>Maximum Aggregate Limit</b> for the whole insurance period	<b>1,050,000,000</b>	<b>2,100,000,000</b>	<b>4,200,000,000</b>	<b>5,250,000,000</b>	<b>10,500,000,000</b>

1. Room and Board per day	4,200,000/d ay	6,300,000/d ay	10,500,000/ day	16,800,000/ day	21,000,000/d ay
2. Intensive care unit (max 30 days/ condition)	Full cover	Full cover	Full cover	Full cover	Full cover
3. Hospital Miscellaneous Expenses (charges incurred for medical supplies and services during a in- patient and/or day-patient treatment) MRI, PET, CT scans X-rays, pathology, diagnostic tests	Full cover	Full cover	Full cover	Full cover	Full cover
4. Pre-hospitalization within 30 days prior to the hospital admission	21,000,000	42,000,000	63,000,000	84,000,000	105,000,000
5. Post-hospitalization immediately following hospital discharge but not exceeding 90 days from the hospital discharge	21,000,000	42,000,000	63,000,000	84,000,000	105,000,000
6. Home nursing/ year	21,000,000	42,000,000	63,000,000	84,000,000	105,000,000
7. Surgical operation (Surgeons, consultants, operating theatre anesthetists, medical practitioners fees)	Full cover	Full cover	Full cover	Full cover	Full cover
8. Organ Transplantation of Heart, Lung, Liver, Pancreas, Kidney, Bone, Marrow. Limit per life time	630,000,00 0	840,000,00 0	1,260,000,0 00	1,680,000,0 00	2,100,000,00 0
9. In hospital Specialist Consultation (max. one visit /day and 90 days/year)	4,200,000/d ay	Full cover	Full cover	Full cover	Full cover
10. Emergency Ward Treatment	Full cover	Full cover	Full cover	Full cover	Full cover
11. Emergency Accidental Pregnancy treatment immediately after an accident per policy period (excluding embryotrophic)	Full cover	Full cover	Full cover	Full cover	Full cover
12. Emergency Accidental Dental Inpatient Treatment (treatment received within 24 hours at the emergency room of a hospital immediately following an accident) per policy period	21,000,000	Full cover	Full cover	Full cover	Full cover

13. Expenses for transportation in emergency case	21,000,000	42,000,000	63,000,000	84,000,000	105,000,000
14 Emergency Medical Evacuation & Repatriation	Full cover	Full cover	Full cover	Full cover	Full cover
15. Acute mental disorder (in-patient only)	<b>Not applicable</b>	63,000,000/ year 210,000,000/ life	63,000,000/ year 210,000,000/ life	63,000,000/ year 210,000,000/ life	78,750,000/ year 262,500,000/ life
16. Daily Allowance per night (Up to 20 nights/ year)	105,000/night	210,000/night	315,000/night	420,000/night	525,000/night
17. <b>Sub-limit for special diseases/disease/ life time</b>  (Applicable to policy for individual and family, including In-patient, Out-patient treatment expenses and Emergency Medical Evacuation)	210,000,000	420,000,000	840,000,000	1,050,000,000	2,100,000,000

## OPTIONAL PLAN

### 1. OUTPATIENT TREATMENT (OP)

OP	Select	Essential	Classic	Gold	Diamond
<b>Maximum Aggregate Limit</b> for the whole insurance period	<b>31,500,000</b>	<b>63,000,000</b>	<b>84,000,000</b>	<b>105,000,000</b>	<b>168,000,000</b>
<b>Area of coverage</b> (Eligible Medical Expenses Incurred in)	Area 1	Area 2	Area 3	Area 4	Area 5
<b>Benefit:</b> <ul style="list-style-type: none"> <li>General Practitioners and Specialist fees.</li> <li>Prescribed medicines.</li> <li>Prescribed diagnostic and treatment procedures.</li> <li>Medical aids that are necessary as part of treatment for broken limbs or injuries (e.g. plaster casts, bandages) and walking aids prescribed by a physician.</li> </ul>	2,520,000/ visit & treatment	4,620,000/ visit & treatment	5,250,000/ visit & treatment	6,300,000/ visit & treatment	8,400,000/ visit & treatment

• Physiotherapy, radiotherapy, heat therapy or phototherapy prescribed by a physician.					
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## 2. PREGNANCY AND CHILDBIRTH (MA)

*(Applied for women from 18 to 45 years old)*

MA	Select	Essential	Classic	Gold	Diamond
<b>Maximum Aggregate Limit</b> for the whole insurance period	<b>21,000,000</b>	<b>31,500,000</b>	<b>63,000,000</b>	<b>84,000,000</b>	<b>105,000,000</b>
<b>Area of coverage</b>	Area 1	Area 2	Area 3	Area 4	Area 5

### **Benefit:**

#### **a) Complications of pregnancy and childbirth**

BAO VIET shall pay for medial expenses arising from complications during the period of pregnancy and childbirth which need obstetric procedures. Cover is provided for caesarean sections required on medical grounds and does not include voluntary caesarean sections (or medically required due to a previous elective caesarean section). complication of pregnancy and childbirth including but not limited to the followings:

- Miscarriage or when the fetus has died and remains with the placenta in the womb;
- Stillbirth abnormal cell growth in the womb;
- Ectopic pregnancy;
- Post-partum haemorrhage;
- Retained placental membrane;
- Therapeutic abortion including abortion cases due to hereditary diseases/congenital malformation of the fetus or protection of the life of the mother;
- Preterm labor
- Difficult delivery
- Complications following any of the above conditions.

#### **c) Normal Pregnancy and Childbirth**

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

### **Waiting period:**

*For individual:* This benefit shall only be paid provided that the conception date begins not less than 12 months from the Effective Date of this benefit.

*For group policies:* This benefit shall be paid after 12 months from the Effective Date of this benefit.

## 3. DENTAL CARE (DC)

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

DC	Select	Diamond
<b>Maximum Aggregate Limit</b> for the whole insurance period	<b>21,000,000</b>	<b>31,500,000</b>
<b>Area of coverage</b>	Vietnam	Worldwide
<b>1. Routine Dental Care:</b> <ul style="list-style-type: none"> <li>• Check-up and diagnosis</li> <li>• Tooth cleaning</li> </ul> <b>2. Dental Treatment:</b> <ul style="list-style-type: none"> <li>• Normal fillings (amalgam, composite, fuji)</li> <li>• Removal of decayed teeth</li> <li>• Removal of impacted, buried or un-erupted teeth</li> <li>• Removal of roots</li> <li>• Removal of solid adontomes</li> <li>• Apicetomy</li> <li>• Root canal treatment</li> <li>• Gingivitis, pyorrhoea</li> </ul>	Co-insurance : 20%	Co-insurance : 20%
<b>3. Dentures:</b> New or repair of bridge work, porcelain crowns, dentures	Co-insurance : 50%	Co-insurance : 50%
<u><i>Dental treatment is limited at the following medical establishment:</i></u> <ul style="list-style-type: none"> <li>- 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.</li> <li>- Other cities/ provinces: extended to cover treatments at legally licensed clinics/ dental clinics.</li> </ul> <p>* <u>Note:</u> Bao Viet will not cover any treatments at Happy Dental Clinic, 26 Ham Nghi, Da Nang; Dai Nam Dental Clinic, 328 Ong Ich Khiem, Thanh Khe, Da Nang.</p>		

#### 4. PERSONAL ACCIDENT (PA)

PA	Select	Diamond
<b>Maximum Aggregate Limit</b> for the whole insurance period	<b>Up to 10,500,000,000</b>	<b>Up to 10,500,000,000</b>

<b>Area of coverage</b>	Vietnam	Worldwide
<b>Scope of coverage:</b> Cover for Death or Permanent disablement due to accident within 24 hours of a day.		
<b><u>Benefit:</u></b> BAOVIET will pay the benefits as particularly stated in the Table of Disability Percentage in the policy wording attached.		

## 5. TERM LIFE (TL)

TL	Select	Diamond
<b>Maximum Aggregate Limit</b> for the whole insurance period	<b>Up to 1,050,000,000</b>	<b>Up to 1,050,000,000</b>
<b>Area of coverage</b>	Vietnam	Worldwide
<b><u>Benefit:</u></b> Cover for Death, Total Permanent Disablement due to any reason other than accidents and exclusions specified in this Policy within the insurance period.		