



Master Care

Vietnam

Policy Terms & Conditions

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POLICY TERMS & CONDITIONS

Introduction

The Master Care Policy (“Policy”) was approved by the Ministry of Finance under the Instruction No. 15325/BTC-QLBH dated 27/10/2015 for the Post & Telecommunication Joint Stock Insurance Corporation's High - ended healthcare insurance product. Please read this carefully and ensure that the terms and conditions are understood based on the insurance coverage that has been selected. This Policy should be kept in a safe place as it is a contractual document setting out the rights of the Insured Person under the Policy.

Henner SAS is the designer of this Policy and its wholly owned subsidiary GMC Services Asia Pacific Pte Ltd (“Plan Administrator”) is the plan administrator chosen by Post & Telecommunication Joint Stock Insurance Corporation (PTI) (“Insurer”) to administed the policy. PTI is the insurer under this Policy.

If the **Insured Person** has any questions after reading the Policy, please feel free to contact the Plan Administrator, GMC Services Asia Pacific Pte Ltd.

If there are any material changes that may affect the insurance provided, including, but not limited to, change of marital status, change of **Country of Usual Residence**, changes in occupation/business or health affecting any of the **Insured Persons**, etc., please notify the Plan Administrator immediately.

Important notice

1. Before the Insurer can provide insurance cover, the **Insured Person** must have made full and frank disclosure of all material facts and circumstances that the **Insured Person** knows (or can reasonably be expected to know) that is relevant to the Insurer's decision to provide the **Insured Person** coverage under the Policy. Otherwise, the **Insured Person** may receive no benefits from the Policy.
2. The insurance cover under this Policy is based on the information submitted by the **Insured Person** to the Insurer. The details are set out in the Application document submitted inclusive of the **Medical Questionnaire**. Please read all the documents carefully. If they contain any information that is incorrect, please notify the Insurer immediately. Otherwise the **Insured Person** may receive no benefits in the event of a claim. If the information, which the **Insured Person** subsequently provides the Insurer, differs materially from the information that was initially provided to the Insurer, the Insurer may offer cover on different terms or decline cover altogether.
3. The Main Insured will be given a period of 30 calendar days from the date this Policy is received to review the Policy ("Free Look Period"). In the event the Main Insured decides to cancel the Policy during the Free Look Period, the Main Insured may return the Policy to us for cancellation and a full refund, provided no claims have been made during the Free Look Period. Please note that cancellation of the Policy during the Free Look Period must be done in accordance with the procedure set in the General Conditions.
4. If the Insurer does not hear from the Main Insured during the Free Look Period, the Insurer will deem the information, as set out in the Policy and its accompanying documents, as true, complete and accurate, and the Main Insured will be deemed to have agreed to all the benefits, terms and conditions as set out in this Policy.

The Contract

This Policy is a contract between the Main Insured and Post & Telecommunication Joint Stock Insurance Corporation (PTI), and consists of the following:

- These Policy Terms & Conditions
- Application Documents
- Table of Benefits
- Certificate of Insurance (COI)
- **Medical Questionnaire** and any other information provided with it

The Policy, conditions, exclusions, endorsements and memoranda, if any, shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.

This Policy shall become effective on the date specified in the **Certificate of Insurance** and shall be valid for the **Period of Cover** (12 months' period from effective date of the Policy) specified therein.

Having received and accepted the **Insured Person's** first premium payment, and any subsequent premiums required, the Insurer will provide the cover shown in the relevant sections of the Policy, up to the sums insured or limits of indemnity stated in the Table of Benefits.

Currency of the Policy

Premiums and benefit limits of this Policy are in the US dollar.

Health & Assistance Benefits

Table of Benefits



Henner
INDIVIDUAL

Master Care

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Table of Benefits

| BASE PLAN | 1-Primary | 2-Vitality | 3-Serenity | 4-Prestige |
|---|--|--|--|--|
| Maximum annual limit Benefits are per insured and per policy year unless stated otherwise. | USD 500 000 | USD 500 000 | USD 1 000 000 | USD 2 500 000 |
| Chronic Conditions | Covered under applicable policy limit | | | |
| INPATIENT BENEFITS | | | | |
| Direct billing within the Henner medical providers network. | Yes | | | |
| Inpatient treatment charges Treatments provided when admitted to hospital for one or more nights: <ul style="list-style-type: none"> • Specialist • Surgeon & anesthetist fees • Drugs & dressings • General nursing • Intensive care unit • Medical appliances & surgical implants • Operating theatre • Ancillary services (laboratory, radiology, imaging, etc.) • Purchase or rental of mobility aids • Physiotherapy & complementary therapies (if prescribed by a specialist as part of the insured's hospital stay but are not the primary treatment which they are in hospital to receive). | Fully covered | | | |
| Outpatient Surgery This covers expenses for procedures or treatments by incisions, shockwaves or lasers, including endoscopic procedures requiring the professional services of a Medical Practitioner and does not require an overnight hospital stay. | Fully covered | | | |
| Hospital Accommodation This covers up to Standard private room with standard patient meals. Extra costs of a superior, deluxe, executive or VIP suite are not covered. The total eligible hospital expenses (excluding Hospital Accommodation) will be subjected to a co-insurance of 20%, should a higher category room be selected. | Fully covered | | | |
| Parent Hospital Accommodation This covers the cost of one parent staying in hospital overnight with a child under 18 years of age if the child is eligible to receive medical treatment under the plan. | Up to USD 100 per night up to 30 days | | | |
| Daily Cash Benefit A cash payment is given to the insured if they receive inpatient treatment for an eligible medical condition in hospital and stay in a hospital overnight, at no cost for accommodation and treatment. | Up to USD 200 per day up to 30 days | Up to USD 200 per day up to 30 days | Up to USD 400 per day up to 30 days | Up to USD 400 per day up to 30 days |
| Reconstructive Surgery Reconstructive surgery is covered when it aims to restore natural function/appearance after an accident or cancer surgery, providing the accident or surgery occurred during the period of cover. We do not cover cosmetic treatments to enhance appearance. | Fully covered | | | |
| Palliative Care If the insured is given a Terminal Diagnosis, and there is no available treatment which will be effective in aiding recovery, we pay for hospital or hospice care and accommodation, nursing care, prescribed medicines, and physical and psychological care. | Up to USD 40 000 Lifetime limit | Up to USD 60 000 Lifetime limit | Up to USD 80 000 Lifetime limit | Up to USD 100 000 Lifetime limit |
| Inpatient Psychiatric Treatment 12 ☺ Inpatient treatment received in a recognized psychiatric unit of a hospital. All treatment must be administered under the direct control of a registered psychiatrist. | - | Up to 15 days | Up to 30 days | Up to 30 days |
| Emergency Dental Work Emergency treatment provided during a hospitalisation as a result of an accidental external traumatic injury to the mouth. Any tooth injury sustained while eating or chewing is not considered external trauma and repair of the tooth is not covered. Follow up outpatient dental treatment after discharge from the hospital is covered under Post-hospitalisation Benefit. This benefit excludes Dental Prostheses. | Fully covered | | | |
| Organ transplant (i) Medical treatment costs incurred for the transplantation of organ, such as bone marrow, cornea, intestines, kidney, pancreas, liver, heart or lungs. (ii) Direct cost of surgery to remove the organ for transplantation from donor up to USD 20 000. We do not cover costs associated with the research and acquisition of an organ. | (i) Up to USD 300 000 (ii) Up to USD 20 000 | (i) Up to USD 300 000 (ii) Up to USD 20 000 | (i) Up to USD 500 000 (ii) Up to USD 20 000 | (i) Fully covered (ii) Up to USD 20 000 |
| Kidney dialysis This covers inpatient and outpatient charges for kidney dialysis, peritoneal or hemodialysis-related procedures. This does not cover travel and accommodation costs incurred with such treatments. | Up to USD 20 000 | Up to USD 50 000 | Up to USD 100 000 | Fully covered |
| Cancer treatment This covers inpatient and outpatient treatments, including chemotherapy, radiotherapy, oncology, immunotherapy, consultations, diagnostic tests and drugs. Medicines and drugs prescribed to prevent a recurrence of cancer and related specialist consultations are covered. | Fully covered | | | |
| HIV/AIDS 12 ☺ This covers treatments arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV-related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC). Diagnosis and treatment are covered on an inpatient or outpatient basis. | - | up to USD 60 000 Lifetime limit | up to USD 80 000 Lifetime limit | up to USD 100 000 Lifetime limit |

| | 1-Primary | 2-Vitality | 3-Serenity | 4-Prestige |
|--|--|--|--|--|
| Complications of Pregnancy 12  This covers inpatient treatment of an eligible medical condition which arises during antenatal stages of pregnancy or child birth but exclude delivery expenses, conditions include but are not limited to: <ul style="list-style-type: none"> Ectopic pregnancy Medically prescribed abortion Hydatidiform mole Retained placenta Placenta praevia Eclampsia Pre-eclampsia Diabetes during pregnancy Post-partum hemorrhage Any costs for investigations and/or treatments, relating to or arising from complications of maternity, that threaten the life of the insured mother. False labour, morning sickness and similar conditions associated with the management of a difficult pregnancy is deemed as covered under Maternity Coverage where applicable. | Up to USD 25 000 | Up to USD 50 000 | Up to USD 100 000 | Fully covered |
| Congenital Abnormalities This covers inpatient and outpatient treatments arising from or related to any genetic or non-genetic abnormality, defects, disease, disorder, illness or malformation present at birth, whether diagnosed or not. Medical expenses related to Congenital Abnormalities cannot be claimed from any other parts of the plan. | Up to USD 50 000 Lifetime limit | Up to USD 100 000 Lifetime limit | Up to USD 150 000 Lifetime limit | Up to USD 250 000 Lifetime limit |
| Newborn cover This covers inpatient medical expenses incurred by a new born baby during the 90 days after birth, subjected to enrolment within 30 days from birth. Therefore, medical expenses are considered under the main benefits of the insured baby's plan. Medical expenses related to congenital abnormalities is deemed to be covered under Congenital abnormalities benefit. A declaration of health is required with respect to all dependants who are born following fertility treatment (assisted conception) | Up to USD 50 000 Lifetime limit | Up to USD 100 000 Lifetime limit | Up to USD 150 000 Lifetime limit | Up to USD 250 000 Lifetime limit |
| Land Ambulance This is covered when it is medically necessary to transport the insured from their home to a hospital; when transporting the insured from the scene of an accident or injury to a hospital; or when transporting the insured from one hospital to another. | Fully covered | | | |
| PRE & POST HOSPITALISATION BENEFITS | | | | |
| Pre-hospitalisation treatment This covers Medical Practitioners' and specialists' fees, prescribed drugs and dressings, MRI, PET and CT scans, X-rays and other diagnostic tests and procedures prior to a scheduled Hospitalisation or Outpatient Surgery related to the same medical condition. | Up to USD 2 000 Treatment within 30 days before a covered admission / hospitalisation | Up to USD 4 000 Treatment within 30 days before a covered admission / hospitalisation | Treatment within 30 days before a covered admission / hospitalisation | Treatment within 30 days before a covered admission / hospitalisation |
| Post-hospitalisation treatment This covers Medical Practitioners' and specialists' fees, prescribed drugs and dressings, physiotherapy, speech therapy, occupational therapy, MRI, PET and CT scans, and X-rays after a Hospitalisation or Outpatient Surgery related to the same medical condition. | Up to 30 days after discharged from a covered hospitalisation | Up to 30 days after discharged from a covered hospitalisation | Treatment within 60 days after discharged from a covered hospitalisation | Treatment within 60 days after discharged from a covered hospitalisation |
| Rehabilitation  This covers rehabilitation treatment you receive as an inpatient, carried out under the control and supervision of a Medical Practitioner in a recognised rehabilitation hospital or unit following your treatment in hospital for a condition which is covered by your plan. This benefit is payable only when the admission is prescribed by your attending Medical Practitioner. | Up to 30 days | Up to 30 days | Up to 60 days | Up to 60 days |
| Home nursing  This is covered if it is in lieu of an extended hospital stay, it is prescribed by a Medical Practitioner following a hospitalisation covered by this policy, and if it starts immediately after you leave the hospital. We will only pay for home nursing if it is provided in your home by a qualified nurse and it comprises medically necessary care that would normally be provided in a hospital. We will not pay for home nursing that only provides non-medical care or personal assistance. | Up to 30 days | Up to 30 days | Up to 60 days | Up to 60 days |
| OUTPATIENT BENEFITS | | | | |
| ANNUAL LIMIT | - | Up to USD 4 000 | Up to USD 6 000 | Up to max annual limit |
| Direct billing within the Henner medical provider network for general practitioner, specialist, radiology, laboratory tests, prescribed drugs. | - | Yes | Yes | Yes |
| General Practitioner Fees This covers consultation by the Medical Practitioner and other services rendered during the visit. | - | Up to USD 60 per visit | Up to USD 90 per visit | Fully covered |
| Specialist Fees This covers consultation by the Medical Practitioner and other services rendered during the visit. | - | Up to USD 90 per visit | Up to USD 150 per visit | Fully covered |
| Telemedicine by DA  This covers Telemedicine expenses by a General Medical Practitioner or a Specialist for an eligible medical condition. <ul style="list-style-type: none"> (i) Video Consultation (ii) Prescribed medications | Not Covered | Up to the applicable Medical Practitioner fees and Prescribed Medicines and Mandatory Vaccines limits. | | |
| Prescribed medicines and Mandatory vaccines | - | Fully covered | | |
| Prescribed Diagnostic Radiology and Laboratory Tests This covers <ul style="list-style-type: none"> Blood and urine tests X-rays Ultrasound scans Electrocardiograms (ECG) MRI and CAT (CT) scans PET scans Where they are medically necessary and prescribed by a Medical Practitioner. | - | Fully covered | | |

| | 1-Primary | 2-Vitality | 3-Serenity | 4-Prestige |
|--|--|---|---|--|
| Prescribed Physiotherapy, Speech Therapy, Occupational Therapy Referral letter from a Medical Practitioner is required. This covers outpatient physiotherapy and occupational therapy that are deemed medically necessary and restorative to help you to carry out the normal activities of daily living. We also pay for speech therapy if it is medically necessary to restore impaired speech function and prescribed immediately following a treatment that is covered under this policy. We do not cover speech therapy that is educational in nature, or help to improve speech skills that are not fully developed. | - | Up to USD 60 per session Max 20 sessions | Up to USD 90 per session Max 30 sessions | Up to USD 120 per session |
| Psychiatric Consultation With A Registered Psychiatrist 12 ☺ | - | - | Up to USD 150 per visit Max 5 visits | Up to USD 210 per visit Max 10 visits |
| Psychologist Consultation With A Registered Psychologist 12 ☺ Referral letter from a Medical Practitioner is required. | - | - | - | Up to USD 210 per visit Max 5 visits |
| Hormone replacement therapy ☒ This covers hormone replacement therapy when prescribed by a Medical Practitioner following a diagnosis of premature ovarian failure or as a consequence of a hysterectomy. This excludes vitamins and supplements. For the purpose of this benefit, premature ovarian failure shall mean where initial onset takes place in a woman under the age of 40. | - | - | Up to USD 500 | Up to USD 1 000 |
| Prescribed Medical Prosthesis, Orthopaedic and Mobility Aids ☒ 6 ☺ These benefits cover the purchase or rental of crutches, braces or wheelchairs; durable medical equipment like glucometers; hearing aids; orthoses and orthopaedic and non-orthopaedic prostheses. This does not cover the maintenance of the item; modification or fitting of furniture, or any modification to your personal or work environment. | - | Up to USD 750 | Up to USD 1 000 | Up to USD 2 000 |
| Complementary Therapies and Medicines This covers a combined maximum number of visits to <ul style="list-style-type: none"> • Orthoptists • Chiropractors • Osteopaths • Homeopaths • Podiatrists • Practitioners of Traditional Chinese Medicine and medication prescribed. The treatment must be carried out by a qualified practitioner who holds the appropriate license to practice in the country where the treatment is received. | - | Up to USD 60 per session Max 10 sessions | Up to USD 90 per session Max 15 sessions | Up to USD 120 per session Max 20 sessions |
| Routine Health Check-up This includes but is not limited to <ul style="list-style-type: none"> • Urine analysis • Blood samples (diabetes, cholesterol, etc.) • Hearing tests • Biometric assessments (size, weight, BMI measurement) • Sight tests • Electrocardiogram at rest • Memory tests • Lung capacity measurements • Cancer screenings • Hemoccul tests • HIV tests | - | - | Up to USD 500 | Up to USD 750 |
| Non Mandatory Vaccinations This covers the cost of all immunisations and booster injections that are not mandatory in your Country of Usual Residence and the country you are travelling to. | - | - | - | - |
| DENTAL BENEFITS | | | | |
| Routine Dental Treatment 6 ☺ This covers <ul style="list-style-type: none"> • Dental check-ups • X-rays/bitewing/single view/Orthopantomogram (OPG) • Gum shields/mouth guards • Fillings • Root canal treatment • Tooth extraction • Tooth cleaning • Non-surgical periodontal treatment • Anaesthetic | - | - | Up to USD 500 | Up to USD 800 |
| Major Restorative Dental treatments ☒ 6 ☺ This covers <ul style="list-style-type: none"> • Dentures (acrylic/synthetic, metal and metal/acrylic) • Crowns • Inlays and onlays • Dental implants • New or repair bridge work • Removal of solid odontomes • Apicetomy • orthodontic work for children up to 16 years old, with treatment period limited to 3 consecutive years. | - | - | Up to USD 800 | Up to USD 1 500 |
| VISION 6 ☺ | | | | |
| Spectacle lenses (excluding sunglasses) Frames (every two years) Contact lenses This covers an eye examination carried out by an optician or optometrist as well as corrective lenses or glasses. A copy of a prescription or corresponding invoice indicating the corrective value for each eye is needed as supporting document for claims purposes. | - | - | - | Up to USD 500 |
| EMERGENCY ASSISTANCE, EVACUATION & REPATRIATION | | | | |
| Emergency medical evacuation | Unlimited | | | |
| Emergency medical repatriation | Unlimited | | | |
| Round-trip economy airfare for your spouse or next of kin in the event of hospitalisation | Unlimited for hospitalisation lasting 7 consecutive days | | | |
| One-way economy airfare to the assignment country after recovery: (i) Return ticket (ii) Accommodation costs | Unlimited (i) Limited to one ticket (ii) During 10 days, up to USD 150 per day | | | |

| | 1-Primary | 2-Vitality | 3-Serenity | 4-Prestige |
|--|--|------------|------------|------------|
| Repatriation of mortal remains & related expenses | Unlimited per Casket up to USD 4 000 | | | |
| Compassionate visit - Round-trip economy airfare in the event of the death of a Member | Unlimited | | | |
| Dispatch of medicines unavailable locally | Unlimited no. of requests. per Cost of medicines & related charges to be borne by Member | | | |
| Legal assistance: (i) Legal fees (ii) Bail (by way of advance only) | (i) up to USD 1 500 (ii) up to USD 10 000 | | | |
| Transmission of urgent messages to the family | Unlimited | | | |
| Second medical opinion | Up to 2 requests per member per year. Limit to different medical condition per request | | | |
| OUT OF AREA EMERGENCY COVER Out of area emergency cover includes short-term medical coverage when you are visiting a location outside of your selected area of coverage during temporary business or holiday trips. Coverage is limited to a maximum of 90 consecutive days per trip only if directly caused by an accident, sudden illness or injury. | | | | |
| Emergency inpatient treatment | Covered under inpatient benefits | | | |
| Emergency outpatient treatment | Covered under outpatient benefits | | | |

Additional Options

| | 1-Primary | 2-Vitality | 3-Serenity | 4-Prestige |
|--|-----------|------------|-------------------------------|--------------------------------|
| MATERNITY BENEFITS | | | | |
| Natural Delivery, Elective Caesarean including Pre and Post natal care 12 ☺ This covers inpatient treatment relating to natural or elective caesarean delivery. Home birth and assisted water birth by the attending doctor or doula are also covered. The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. It covers the main insured or a spouse covered under the policy. This benefit does not cover surrogacy or its related treatments. Pre and post-natal expenses including but not limited to: Routine obstetricians' and midwives' fees, routine ultrasounds and examinations, prescribed medicines, drugs and dressings, pre-natal blood tests, if required, amniocentesis procedure (also referred to as amniotic fluid test or AFT) or chorionic villous sampling (also referred to as CVS), non-invasive pre-natal testing (NIPT) for high risk individuals, antenatal classes, Pre-natal vitamins and supplements prescribed by a medical practitioner and any fees as a result of post-natal care required immediately following routine childbirth. Please note that pre- and post-natal care are not subject to Prior Approval. | | | Up to USD 5 000 per pregnancy | Up to USD 8 000 per pregnancy |
| Emergency caesarean delivery, Non-elective Caesarean including Pre & Post-natal care 12 ☺ This covers inpatient treatment relating to emergency or non-elective caesarean. The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. It covers the main insured or a spouse covered under the policy. This benefit does not cover surrogacy or its related treatments. Pre and post-natal expenses including but not limited to: Routine obstetricians' and midwives' fees, routine ultrasounds and examinations, prescribed medicines, drugs and dressings, pre-natal blood tests, if required, amniocentesis procedure (also referred to as amniotic fluid test or AFT) or chorionic villous sampling (also referred to as CVS), non-invasive pre-natal testing (NIPT) for high risk individuals, antenatal classes, Pre-natal vitamins and supplements prescribed by a medical practitioner and any fees as a result of post-natal care required immediately following routine childbirth. Please note that pre- and post-natal care are not subject to Prior Approval. | | | Up to USD 7 500 per pregnancy | Up to USD 12 000 per pregnancy |

Options to reduce costs

| | |
|------------------------------------|--|
| Areas of coverage | <p>Area of coverage 1: Worldwide excluding USA Area of coverage 2: Worldwide excluding the USA, Hong Kong, Mainland China, Brazil, Switzerland Area of coverage 3: ASEAN excluding Singapore</p> <p>Area of coverage 3 includes Indonesia, Malaysia, Philippines, Thailand, Brunei, Vietnam, Laos, Myanmar and Cambodia.</p> <p>The benefits under the plan can be claimed</p> <ul style="list-style-type: none"> • in the selected area of coverage as well as the lower areas • worldwide in case of accident and unexpected illness during temporary trips of less than 90 consecutive days outside your area of coverage |
| Annual inpatient deductible | <p>USD 1 000, USD 2 500, USD 5 000 or USD 8 000 annual inpatient deductible options are available for selection. The option chosen is the total amount that you will have to pay per policy year for any inpatient related claims including day patient, maternity option (if selected) and pre and post hospitalization claims that would otherwise be covered under your plan. The annual deductible applies separately to each person covered. Depending on the design of your plan the discount can go up to 55%</p> |
| Outpatient co-insurance | <p>A 10% or 20% co-insurance option is available for the following benefits: Outpatient Services and Medical Protheses, Preventive & Wellness, Maternity, Dental & Vision. The same level of co-insurance selected will apply to these benefits. The total amount payable for an eligible claim will be either 100%, 90% or 80% of the expense, up to the benefit limit shown under your plan, depending on the co-insurance you have selected. The co-insurance will not apply to treatment regarding renal dialysis, cancer and HIV.</p> |

The benefits stated are per beneficiary and per policy year (12 months after the inception of the policy), unless stated otherwise in the benefit table. Stated age restrictions refer to age attained on the 1st day of the policy period. Refer to the Membership Guide and Policy Terms and Conditions for detailed terms of application, waiting periods and exclusions.

☒ These benefits are subject to prior agreement.

☺ Applicable waiting period (coresponding number denotes length of waiting period in months)

Any persons and/or their eligible dependents, who at the point of application, is employed or seeking employment in the following occupations are not eligible for coverage under the plan: Airplane Pilots or Co-Pilot, Boiler Operator, Chemical Plant and System Operator, Embalmer, Flight Attendants, Flight Engineer, Metal-Refining Furnace Operator, Nuclear Medicine Technologist, Nuclear Power Plant Worker, Professional Athlete, Radiologist, Stationary Engineer, Water and Wastewater Treatment Plant and System Operator.

Health Coverage

Health coverage is described in the Table of Benefits above.

Emergency Assistance, Repatriation and Evacuation Coverage

Emergency assistance, repatriation and evacuation coverage is described in the Table of Benefits. The organisation of this coverage has been delegated to an assistance company by the Insurer.

The assistance company will, subject to the terms and conditions defined hereunder, and within the limits of indemnity, provide the following services and information to a **Member** calling the alarm centre. When the assistance company has the information available, they will provide the information or services, as appropriate, to the **Member** while the **Member** is on the telephone. In all other cases, the assistance company will provide the information to the **Member** by the quickest possible means.

Emergency medical transport

The assistance company will arrange and pay for the emergency evacuation by air and /or surface evacuation of the **Member** when in a serious medical condition to the nearest hospital where appropriate medical care is available. It is clear that the primary emergency is taken in charge by the local emergency services from whom the assistance company cannot substitute.

The assistance company will pay for the ordinary and necessary expenses related to the transportation, medical care during transportation, communications and all usual and customary ancillary charges incurred in moving and transporting a **Member**. The emergency medical transport is subject to agreement between the treating doctor and relevant medical authorities.

The assistance company retains the absolute right to decide whether the **Member's** medical condition is sufficiently serious to warrant emergency medical evacuation.

The assistance company further reserves the right to decide the place to which the **Member** shall be evacuated and the means or method by which such evacuation will be carried out given all the assessed facts and circumstances of which the assistance company is aware at the time of the event.

The assistance company further reserves the right to use all transport tickets or vouchers initially available to the **Member**.

Transfer or repatriation following evacuation

The assistance company will arrange and pay for the transfer of the **Member** suffering from a serious medical condition by aircraft or land vehicles to a medical structure for a hospitalisation or in returning the **Member** to their **Home Country** following an Emergency Medical Evacuation for subsequent in-hospital treatment or rehabilitative treatment. The assistance company reserves the right to decide the means or method by which such repatriation will be carried out having regard to all the assessed facts and circumstances of which the assistance company is aware at the relevant time.

Round-trip airfare for next of kin with a hospitalised Member

If the medical condition of a **Member** does not require repatriation to their **Home Country** and if the hospitalisation is expected to last more than seven (7) consecutive days, the assistance company shall provide a family member or next of kin with a round-trip economy class plane ticket or 1st class train ticket for them to travel to their bedside.

This service only applies if there is no adult family member already with the **Member**.

Return to the Country of Assignment after repatriation

Following a **Member's** medical evacuation or repatriation in his/her **Home Country**, and with the assistance company prior written approval, the assistance company will arrange and pay for the reasonable and necessary cost for airfare to return to his/her **Country of Assignment**. The assistance company will also arrange and pay for the cost of an ordinary room accommodation in any reasonable hotel up to the daily amount stipulated in Table of Benefits for a maximum of ten (10) consecutive days.

The assistance company further reserves the right to use all transport tickets or vouchers initially available to the **Member**.

Transportation of mortal remains

The assistance company will arrange the transportation of the mortal remains from the place of death to the place of burial in the **Home Country** and pay for all the reasonably and unavoidably expenses incurred.

This service will also apply upon request from the family and with the approval of the assistance company in case the body has been temporarily buried as per the local practices in order to be buried or incinerated in the **Home Country**.

The cost of the coffin necessary for the transportation is covered up to USD 4000. Cost of the ceremony and embalment, except if obligatory because of the local law, are not covered by the program.

Compassionate Visit

In the event of the death of a **Member** due to accident or sickness during a trip, the assistance company will arrange and pay for an economy class round-trip on scheduled flight for a **Member** of the family or next of kin to assist in the final arrangement at the destination of the deceased **Member**. The assistance company further reserves the right to use all transport tickets or vouchers initially available to the family member.

Dispatch of medication unavailable locally

The assistance company will, when possible and legally permissible, arrange for delivery of essential medicine and drugs required for the **Member** and if such medicines and drugs are not available locally.

This service shall be provided for one-off requirements. Under no circumstances shall it be provided for long-term treatments that may require regular delivery of medication, or for vaccination requests.

The **Member** remains responsible for covering the cost of such prescription medication and undertakes to reimburse the amount spent, plus any customs clearance charges incurred, within 30 days following the date of dispatch.

Legal assistance

In the event of an accident occurring in a private life situation, the assistance company will:

- (a) Provide for the defence of the **Member** in legal proceedings against him/her for civil liability to the Civil Laws in force in the country, and
- (b) Conduct proceedings in order to obtain an indemnity from an identified third party for the **Member** following personal injury and/ or damages to his/her personal belongings if such damages are estimated to be in excess of USD 500, whichever is applicable.
- (c) the assistance company covers the expense of lawyer's fees to a total not exceeding the amount stipulated in the Table of Benefits per event.

Bail bond

If, in the event of an involuntary offence against the legislation of the country in which they are located, the **Member** is obliged by the authorities to pay a bail, the assistance company shall advance a sum of up to the amount stipulated in the Table of Benefits.

The assistance company shall give the **Member** a period of six months from the date of the advance to repay this sum. If this bail is repaid to the **Member** before this period by the authorities of the country, it must be returned immediately to the assistance company.

If a **Member** summoned before a Court fails to appear, the assistance company shall immediately demand repayment of the bail which the **Member** has not been able to recover due to their failure to appear.

Legal actions may be instigated if the bail is not repaid within the deadline stipulated above.

Transmission of urgent messages

If it is materially impossible for the **Member** to send an urgent message and if he or she makes the request, the assistance company will deal with sending free of charge, by the most expedient means, any messages or news from the **Member** to family members, close relatives or employer.

Message content will be entirely the responsibility of the author who must be identifiable and who shall remain solely responsible for any liability arising from the same. The assistance company shall act as intermediary for their transmission only. The assistance company can also serve as intermediary in the opposite direction.

Second Medical Opinion (SMO)

In case the **Member** is diagnosed an eligible Medical Condition, the **Member** may activate SMO services.

The SMO service ensures the transfer of the **Member's** data and medical files regarding the medical condition and/or diagnosis on which the **Member** wishes to seek an additional medical opinion, to an expert physician specializing in the medical condition in question in order to obtain his/her opinion on the diagnosis and/or treatment first recommended by the **Member's** attending physician, and the communication of such opinion to the **Member** along with medical files provided by the **Member** for the completion of such service.

As the case may be, the SMO service will have one of the following results:

- Confirm the diagnosis and/or treatment prescription provided by the attending physician;
- Provide additional insight to the initial diagnosis and/or prescription;
- Suggest a diagnosis and/or treatment prescription different from the initial one and provide with a recommendation

List of eligible medical conditions for SMO services: Cancer, Stroke, Kidney Failure, Motor Neuron Disease, Alzheimer's Disease, Parkinson's Disease, Total Permanent Disability, AIDS, Hepatitis, Cardiomyopathies, Infectious disease of the Intestines, Major Organ Failure (End Stage Disease), Coronary Artery, Surgery/Angioplasty, Brain Tumour, Deafness, Loss of Speech, Complex Gynaecological Disorders (Including Fertility or IVF; In Vitro Fertilization), Myelodysplastic Disease, Orthopaedics (Joint Replacement; Complex Surgical Hand Conditions; Rotator), Cuff Injuries, Carotid Artery Endarterectomy, Spinal Cord Tumours and Diseases Requiring Operative/Procedural Intervention, Eye Conditions requiring Procedural/Operative Intervention (excluding Simple Cataracts/ And Refractive Corrective Surgery), Major Organ Transplant, Multiple Sclerosis, Coma, Loss of Limbs, Major Burns, Valvular Heart Disease / Heart Valve Replacement or Repair, Paediatric Neurosurgical Conditions, Paediatric Cardiac Conditions, Paediatric Malformations, Congenital Heart Defects in Adults, Epilepsy Surgery, Creutzfeld-Jacob Disease, Elephantiasis, Necrotizing Fasciitis, Primary Pulmonary Arterial Hypertension, Progressive Muscular Atrophy, Asthma (Severe), Rheumatoid Arthritis (Severe).

The SMO service is only provided in English Meetings with the **Member**. Medical files taken into account, and the outcome of the consultation with the expert physician shall be in English. The organisation and provision of the SMO service is limited to 2 requests per **Member** per year, each request is catered for a different medical condition.

Exclusions

Unless stipulated in the **Certificate of Insurance** or Table of Benefits as being covered, the following is excluded:

General Exclusions

- Consequences directly or indirectly arising from taking an active part in a war or warlike operations or in an act of terrorism, invasion, act of a foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or taking part in civil commotion, popular uprisings or riot of any kind except in an effort to save a human life.
- Consequences of events arising from either:
 - ionising radiations from or contamination by radioactivity from any nuclear fuel, from any nuclear waste, or from the combustion of nuclear fuel; or
 - the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof; or
 - any weapon of War and/or machine employing atomic or nuclear fission and/or fusion, or other similar reaction or radioactive force or matter; or
 - radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter.
 - People living in areas with pre-existing high Nuclear, Biological or Chemical contamination.
- Expenses from self-inflicted injuries or injuries caused intentionally and damage resulting from the participation even as an accomplice in any illegal activity or crime, offence or brawl, suicide or attempted suicide, except in self-defense.
- No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder or be required to process any request made to the extent that the provision of such cover, payment of such claim, provision of such benefit or processing of such request would expose that (re)insurer (or its parent company or holding company (in both instances, whether direct or indirect) or the subsidiaries of its parent or holding company) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America. Please note that international sanction countries may be updated from time to time without prior notice.
- Expenses incurred outside the **Period of Cover** or for which the premium due has not been fully settled.

Health Exclusions

- Care that presents no direct **Medical Necessity** for the treatment of **Illness**, including elective/voluntary and/or plastic/aesthetic surgery and its consequences

- Treatment costs incurred outside the **Period of Cover** and/or selected **Area of Coverage**
- Expenses related to any **Pre-Existing conditions** which existed before the cover start date, unless the Insurer explicitly agrees
- Expenses incurred for non-authorised practitioners or those not exercising their profession in accordance with applicable regulations by the World Health Organisation (WHO)
- Expenses in excess of **Reasonable and Customary Charges**
- Procedures requiring Prior Approval and for which Prior Approval was not requested or granted
- All forms of experimental treatment or uncontrolled treatment that do not follow commonly accepted, customary or traditional medical practice, unless the Insurer explicitly agrees
- Alternative medicine such as chiropractic treatments, homeopathy, osteopathy, traditional ayurvedic medicine and traditional Chinese medicine
- Preventive treatments, health checkups and screening examinations
- Personal and comfort items expenses such as earwax removing solutions, dental and oral hygiene products, essential oils, sunglasses, telephone charges, TV, alcoholic beverages and visitor's meal in the event of **Hospitalisation** or **Outpatient Surgery**
- Health comfort items or generally available medical equipment for the home, such as blood pressure measuring devices, thermometers, inhalators, sun lamps, massage devices, heating pads, cold pads, software programs, bedding and learning aids
- Non-prescribed drugs and/or non-medical common products, such as antiseptics, artificial tears, cleansers, conditioners, contact lenses solutions, creams, dressings, herbal lozenges, lotions, moisturisers and nasal wash/rinse
- Dietary supplements such as formula milk, enzymes, hormones, minerals, pre- and probiotics, proteins and vitamins
- Smoking cessation treatments and products
- Verifications, studies, treatments, consultations and complications related to sterility, sterilisation, sexual disorders, contraception including the fitting and removal of contraceptive devices and abortion, except in the case of a **Medically Necessary** abortion in accordance with local legislation
- Beauty consultations and treatments, youth cures, slimming cures and its consequences
- Consultations, treatments and complications related to the loss or the implanting of hair
- Spa treatments inclusive of any transport and accommodation expenses
- **Medical Expenses** related to a stay in a thalassotherapy centre or fitness centre, even if the stay is medically prescribed
- **Medical Expenses** related to a stay in a **Convalescent Home** or **Rehabilitation Facility**, unless the stay immediately follows **Hospitalisation** or major surgery as assessed by the Insurer's **Medical Practitioner**

- Stays in geriatric facilities or under partial/permanent supervision
- Treatment for mental disorders except consultations with and prescribed drugs by an authorised psychiatrist
- Consultations, therapies and/or treatments by a psychologist
- Treatments related to drug addiction, alcohol and substance abuse
- Adult **Orthodontic** treatment
- Treatments to modify the refraction of an eye or eyes (laser eye correction), including refractive keratotomy (RK) and photo-refractive keratotomy (PRK)
- Competitive sports other than those in which the **Insured Person** participates purely as an amateur
- Expenses incurred for treatment undertaken on a foetus while it is in the mother's womb.
- Expenses incurred due to surrogacy
- Maternity expenses incurred by **Dependant** child(ren)
- Expenses related to complications or conditions arising from excluded conditions, treatments and elective caesarean sections
- Expenses incurred for health education programmes and services, including but not limited to, parenting, teaching or antenatal classes
- Consultations, treatments and complications related to sleep disorders, developmental and learning disorders
- Expenses incurred for **Occupational Rehabilitation**
- Expenses incurred when acquiring an organ, harvesting an organ, locating a replacement organ or transporting an organ
- All operations or treatment related to gender reassignment
- Reimbursements for **Medical Expenses** that have been paid by another insurance company, person, organisation, or public health programme. This Policy will only reimburse eligible **Medical Expenses** that are not paid by a third party. If another insurance company, person, organisation or public health programme is responsible to pay for the cost of the treatment, the Insurer reserves the right to seek restitution of any costs that have been paid/reimbursed
- Expenses paid with vouchers issued by shopping malls or other commercial entities
- Document fees charged by a medical provider such as for referral letter, medical report, etc.
- Transportation costs including the cost of delivery of medications (if any).
- Expenses incurred for treatment or consultations performed, or referrals made by, an authorised **Medical Practitioner** who is the **Insured Person's** spouse, partner, child, parent or sibling, and self-prescribed treatment or self-referral if the **Insured Person** is an authorised **Medical Practitioner**

Emergency Assistance, Repatriation and Evacuation Exclusions

The following treatment, items, conditions, activities and their related or consequential expenses will not be borne by the assistance company unless approval has been sought and obtained in writing from the assistance company and subject to additional fees.

However, the assistance company will undertake to assist the **Member** on a fee-for service basis, subject to prior written approval by an Authorized Person or provisions of appropriate financial guarantees by the **Member**.

- Any expense incurred for more than one emergency evacuation and/or repatriation for any single serious medical condition of a **Member** during the term of the Service Program and in the case where the **Member** wouldn't have taken all the necessary disposals to avoid impairment of the serious medical condition.
- Any cost or expense following an emergency medical evacuation / repatriation or medical transportation not expressly approved in advance and in writing by the assistance company and/or not arranged by the assistance company. This exception shall not apply to Emergency Medical Evacuation from remote or primitive areas when the assistance company cannot be contacted in advance and delay might reasonably be expected in loss of life or harm to the **Member**.
- Any expense related to an evacuation and/or repatriation in the **Home Country**.
- Any expense for an evacuation or repatriation incurred by the **Member** contrary to the advice of a medical practitioner, related to non-urgent treatment, or for treatments that were known in advance.
- Any expense for medical evacuation or repatriation if the **Member** is not suffering from a **Serious Medical Condition**, and/or in the opinion of the assistance company physician, the **Member** can be adequately treated locally, or treatment can be reasonably delayed until the **Member** returns to his/her **Home Country** or **Country of Assignment**.
- Any expense for medical evacuation or repatriation where the **Member**, in the opinion of the assistance company physician, can travel as an ordinary passenger on a commercial carrier without a medical escort.
- Any treatment or expense related to childbirth, miscarriage or pregnancy. This exception shall not apply to any abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn child during the first twenty-eight (28) weeks of pregnancy.
- Any expenses incurred while the **Member** is practicing dangerous sports: air sport (including parachuting, free-fall, bungee jumping, hang gliding, paragliding, gliding) or in any of the following sports: skeleton, bobsleigh, ski-jumping, mountain-climbing with roping,
- Rock-climbing, skin diving with self-contained apparatus, spelunking, bungee-jumping, skydiving, automobile rally's and 4-wheel drive accidents, all sports engaged in on professional or sponsored bases or during competition.
- Any expense incurred during a practice of high risk sports, such as caving, mountaineering or climbing necessitating the use of ropes, rock-climbing, air-ballooning, paragliding, martial arts, racing of all kinds other than foot. This exclusion shall not apply when the **Member** is accompanied by a monitor or a

professional guide which is recognized by an international federation, or when the it is practiced by an amateur who has certified qualifications which allow him to practice and is practicing this activity in an independent way in the measure that they are practiced on a regular and reasonable way.

- Any expenses incurred for psychological disorders except those in relation of Psychological Support benefits as detailed in Table of Benefits.
- Any expenses incurred for psychiatric illness/diseases and nervous breakdowns. This exclusion shall not apply for first manifestation of disorder of this nature requiring immediate hospitalization in a specialized facility.
- Any expenses related to consequences of a chronic illness not consolidated and to consecutive illness. This exclusion shall not apply for first manifestation of symptoms of this nature or during a sudden and unexpected aggravation putting in danger the vital prognosis at a short term and requiring an immediate hospitalization in a specialized facility.
- Any expenses incurred consecutively to a serious and intentional act, contrary to the basic elements of safety, health and security or resulting from the non-compliance to the medical recommendations or treatment, in which case it constitutes a self-inflicted injury dangers situation.
- Any expense incurred as a result of a self-inflicted injury, suicide, drug addiction or abuse, alcohol abuse.
- Any expense related to the **Member** engaging in any form of aerial flight except as a passenger on a scheduled airline flight or licensed charter aircraft declared.
- Any expense incurred as a result of an illegal act, in regards to the laws of the country of occurrence.
- Any expense related to treatment performed or ordered by a non-registered practitioner or not in accordance with the standard occidental medical practice.
- Any expense incurred as a result of the **Member** voluntarily participation in a war, riot, public insurrection or any illegal act, including those that can lead to imprisonment, or any event that occurred during active service in a police or military unit.
- Any expense, regardless of any contributory cause(s), involving the use of or selling or the threat thereof of any nuclear weapon or device or bacteriological or chemical agent, whatever the cause, and notably, all expenses incurred in case of war or terrorist act.
- All expenses incurred for the **Member's** transportation from a ship, plat-form, off-shore oil drilling rig towards land after an accident that occurred off-shore.
- All expenses incurred in any action initiated and organized at state level, or between states, by any governmental or non-governmental authority or organism.
- The following are excluded from the scope of the SMO services:
 - Any request for a SMO regarding cases that did not have an initial diagnosis or were not the object of thorough examination that could have resulted in questioning the diagnosis rendered by a competent local medical authority.
 - Pathologies of urgent nature: any circumstance that initiates or suggests, by its occurrence of discovery, a functional or vital risk if a medical intervention does not occur immediately.

- Any request for a SMO regarding a medical condition that was the object of intervention by the assistance company within 2 years prior to the request.

Extenuating circumstances

The assistance company may not be held liable for failure to fulfil its obligations under this Policy if it is prevented by force majeure or events such as strikes, riots, popular uprisings, reprisals, restrictions placed on free circulation, sabotage, terrorism, civil or foreign war, radioactivity, any heat release, irradiation or blasts resulting from atomic fusion or fission, natural disasters, epidemics, or any other unforeseen occurrence that renders performance of this Policy impossible.

Eligibility

Terms of eligibility for **Insured Persons**:

- From **Age 18** and up to **Age 70** on day 1 of the **Period of Cover**
- Spouse or common-law partner of the Main Insured from **Age 18** and up to **Age 70**, if not divorced or separated by a final court ruling. Only one person shall be considered as a **Dependant** spouse in respect of the above.
- The children of the Main Insured and those of his/her common-law partner on condition that they are unmarried, unemployed and:
 - Up to **Age 18** on day 1 of the **Period of Cover**, or
 - Between **Age 19** and **Age 28** inclusive on day 1 of the **Period of Cover**, if studying on a full-time basis (a certificate proving school/university enrolment is required annually)

All the **Insured Persons** must reside in the same **Area of Coverage**.

Addition of eligible **Dependants** must be done at Policy inception or within 30 days following a lifestyle event, such as marriage or birth of a newborn child. Coverage will start from the date of marriage or birth. If eligible **Dependant** is not added within 30 days following a lifestyle event, subject to the policy terms & conditions and acceptance by the Insurer, the effective date of coverage shall be no earlier than the date of written notification received by the Plan Administrator.

Maternity coverage is only available to female main insured or spouse, from Age 18 to 45, and provided that her spouse is enrolled in the same policy.

Medical Underwriting

All new applicants are subject to full medical underwriting at application. For existing **Insured Persons** who wish to make a Modification to Coverage, Full medical underwriting will be required if:

- the **Insured Person** upgrades the coverage plan including Area of Coverage (e.g.: upgrade from Primary to Vitality or from Area 2 to Area 1)

Simplified medical underwriting will be required if:

- The **Insured Person** upgrades to a lower or nil **Co-Insurance** or **Deductible** option

Medical Underwriting may be waived for newborn child who is added within 30 days from birth if the mother has maternity benefits and had fulfilled the 12-month waiting period and the newborn was not conceived via assisted conception. Newborn conceived via assisted conception will be subjected to Full Medical Underwriting (FMU).

Medical Assessment

The doctors and experts designated by the Insurer have free access to the **Insured Person** for the purpose of any medical examination required or necessary under the Policy. The Insurer may refuse, suspend or reduce the right to benefits, based on the conclusions of its doctors and experts and regardless of decisions taken and payments paid by the social security or equivalent bodies, or of any other organisation on which the **Insured Person** depends.

The **Insured Person** shall provide all supporting documents and accept all expert assessments or examinations requested by the Insurer, for themselves. Failure to do so may result in suspension of benefits. Decisions made by the Insurer based on the conclusions of the Plan Administrator's Medical Advisory Board's doctor are notified to the **Insured Person** by email.

Enrolment

Commencement of coverage under this Policy is effective on the date indicated on the **Certificate of Insurance**, and, at the earliest, on the day after the Plan Administrator receives the duly filled and signed Application Form and **Medical Questionnaire**, along with all requested additional information. Commencement of coverage is also subjected to approval by the Plan Administrator's Medical Advisory Board and payment of first premium.

The coverage is purchased for a **Period of Cover** of 12 months and is renewable every year on the anniversary of its date of effect, unless termination is requested under the terms stated on page 27 of this Policy. For individuals / families, the Main Insured undertakes to sign the individual Application Form and the **Medical Questionnaire** on behalf of their **Dependants**. Depending on the **Medical Questionnaire** provided, the Plan Administrator's Medical Advisory Board may request additional medical information. The Plan Administrator reserves the right to limit the coverage, review the premium or decline Policy enrolment based on the above documents and information. After examining the Application Form and the additional information that may have been requested, the Plan Administrator notifies acceptance by issuing a **Certificate of Insurance** on which are mentioned the selected coverage types, the chosen **Area of Coverage**, the coverage effective date and the list of **Dependants** covered by the Policy. The **Insured Person** shall keep a copy of their Policy Terms and Conditions, **Certificate of Insurance** and signed Application Form.

Area of Coverage

In order to be covered by this Policy, the **Medical Expenses** of the **Insured Person** must be incurred in the selected **Area of Coverage**. The selected **Area of Coverage** must include at least the **Country of Usual Residence** of the **Insured Persons**.

The **Area of Coverage** must be selected from one of the following areas:

Area of Coverage 1: Worldwide excluding the USA

Area of Coverage 2: Worldwide excluding the USA, Hong Kong, Mainland China, Brazil and Switzerland

Area of Coverage 3: ASEAN excluding Singapore

Area of Coverage 3 includes Indonesia, Malaysia, Philippines, Thailand, Brunei, Vietnam, Laos, Myanmar and Cambodia

Nevertheless, coverage is provided for temporary stays outside the **Area of Coverage** up to 90 consecutive days per trip, on the condition that the expenses incurred are due to an **Accident**, an **Unexpected Illness** or an **Emergency**. The coverage is no longer effective after stays of over 90 consecutive days per trip outside the **Area of Coverage**.

Modification of the Area of Coverage

The **Area of Coverage** may only be changed on the Policy renewal date upon Insurer's approval.

Change of the Country of Usual Residence

The **Insured Person** must inform the Plan Administrator immediately when there is a change of address and the **Country of Usual Residence**.

If the new **Country of Usual Residence** belongs to the same **Area of Coverage**, the change is made upon Insurer's approval.

If the new **Country of Usual Residence** belongs to a different **Area of Coverage**, the change is made upon Insurer's approval and the new premium will apply.

Waiting Periods

The following waiting periods correspond to the **Period of Cover** during which the **Insured Persons** cannot claim under the Policy.

The applicable waiting periods are as follows:

- **6 months:** **Medical Prostheses, Orthopaedic and Mobility Aids**, Routine Dental treatment, Major Restorative Dental treatment, Spectacles Lenses, Frames and Contact Lenses.

- **12 months:** Maternity (including maternity related expenses & Complications of Pregnancy), Inpatient Psychiatric Treatment, Outpatient Psychiatric Consultation, HIV/AIDS treatment, Psychologist consultation.

Waiting periods are applicable to all **Insured Persons**:

- At Policy enrolment
- When increasing coverage (i.e. from Vitality to Serenity)
- When switching to a higher **Area of Coverage** (without changing the **Country of Residence**), and
- When adding a new option (Maternity, Life Insurance)

The 6-month waiting period for **Medical Prostheses, Orthopaedic and Mobility Aids**, Routine Dental Treatment, Major Restorative Dental Treatment, Spectacles Lenses, Frames and Contact Lenses may be waived if the **Insured Person** can prove that they had equivalent health coverage during application, by providing a Certificate of Insurance of the **Insured Person's** previous health insurance with the expiry of cover of less than a month, proving the continuity of insurance cover.

General Conditions

30-day Free Look Period

If the Main Insured wishes to cancel the Policy during the Free Look Period, the Main Insured must write to the Plan Administrator via mail with acknowledgement of receipt and return all Policy documents within the 30-day Free Look Period. The address for notification and return is:

Plan Administrator, GMC Services Asia Pacific Pte Ltd.

137 Telok Ayer Stret #07-01/02/03

Singapore 068602

The termination of cover will take effect on the start date of the Policy. For the avoidance of doubt, the Main Insured will not be allowed to cancel the Policy during the Free Look Period if any claim made by the **Insured Persons** has been submitted to and reimbursed by the Insurer.

Alteration

The Insurer reserves the right to amend the terms and provisions of this Policy, provided that such amendments apply to all **Insured Persons** under the Policy. The Insurer will inform the Main Insured of the intended amendment at least thirty (30) days prior to the renewal. Unless specifically mentioned, such amendment shall not affect any special conditions or endorsements applicable at the time of commencement of cover.

No alteration to this Policy shall be valid unless reflected in an endorsement and signed by an authorised representative of the Insurer. No broker or agent has the authority to amend or to waive any of the terms and conditions of this Policy.

Claims

Claim submission period

Requests for claims must be presented to the Plan Administrator within 12 months of the date the medical care is incurred. If the coverage is terminated, this period is reduced to 3 months from the **Insured Person's** coverage termination date. After this period, submission of claim will no longer be accepted.

Limitation to Actual Costs

The benefits due under the Policy are always limited to actual costs that are **Reasonable and Customary Charges**. **Medical Expenses** will be considered **Reasonable and Customary Charges** if they correspond to the charge usually made for a similar service.

The Reasonable and Customary Charges is assessed depending on current medical practices in the country in which the care is provided (type of treatment, quality of care and equipment, geographical area and country) and is subject to the coding and pricing standards for acts and treatments referenced or part of nomenclatures in each country. An unreasonable and uncustomary nature can therefore lead to a refusal to cover or a limitation of the reimbursed amount.

Reimbursements cannot exceed the amount of the **Medical Expenses** incurred by the **Insured Person**. This is inclusive but not limited to any reimbursement the **Insured Person** is entitled to. If the **Insured Person** is entitled to reimbursement from any other source including but not limited to insurance policy providing cover for the same loss, damage or liability under the Policy, the Insurer shall not be liable to pay for any such loss, damage or liability under the Policy except for any excess beyond the amount that is or would have been payable under those policies (including local social security or equivalent bodies). For the application of the above terms, the limitation to the amount of the remaining expenses for the **Insured Person** is determined by the Insurer for each act or item of expense. For avoidance of doubt, the amount the Insurer will pay will be such that the actual reimbursement will not be more than the expenses actually incurred.

Payment of Benefits

Any benefits payable under this Policy shall be paid to the **Insured Person**. The receipt of any benefit payable under this Policy by the **Insured Person** shall in all cases be deemed a final and complete discharge of all our liability.

Clerical Error

A clerical error by the Insurer or the Plan Administrator shall not invalidate insurance otherwise validly in force, nor continue insurance otherwise not validly in force.

Conditions Precedent to Liability

The Insurer will have no liability to pay any benefits under this Policy if any of the **Insured Person**:

- fail to fully and truthfully disclose to us all material information known (or which could reasonably be expected to be known) before inception of this Policy and upon each renewal;
- fail to properly observe and fulfil the terms and conditions of this Policy;
- make any untrue statement;
- omit, suppress or incorrectly state any material information affecting the risk;
- make any claim that is fraudulent or exaggerated, or make any false declaration or statement in support of a claim.

The due observance and fulfillment of the terms of this Policy insofar as they relate to anything to be done or not to be done by the **Insured Person** (as the case may be) shall be conditions precedent to any liability of the Insurer to make any payment under this Policy.

Data Protection

Post & Telecommunication Joint Stock Insurance Corporation (PTI) (referred to hereinafter as the “Insurer”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data. Personal data will be collected only for relevant purposes and all practicable steps will be taken to ensure that personal data held by the Insurer is accurate. The Insurer will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Insurer to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“**Purposes**”), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the Insurer (“**our affiliates**”) or our business partners (see “**Use and provision of personal data in direct marketing**” below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
6. evaluating your financial needs;
7. designing products/services for customers;
8. conducting market research for statistical or other purposes;

9. matching any data held which relates to you from time to time for any of the purposes listed herein;
10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
11. conducting identity and/or credit checks and/or debt collection;
12. complying with the laws of any applicable jurisdiction;
13. carrying out other services in connection with the operation of the Company's business; and
14. other purposes directly relating to any of the above.

Transfer of personal data

Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Vietnam or elsewhere and in this regard you consent to the transfer of your data outside of Vietnam;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Vietnam or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
6. any government department or other appropriate governmental or regulatory authority in Vietnam or elsewhere; and
7. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

For our policy on using your personal data for marketing purposes, please see the section below **“Use and provision of personal data in direct marketing”**. Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing:

The Insurer intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Insurer from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Insurer, our affiliates, our co-branding partners and our business partners may offer:
 - a. insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - b. products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Insurer and/or:
 - a. any of our affiliates;
 - b. third party financial institutions;
 - c. the business partners or co-branding partners of the Insurer and/or affiliates providing the products and services set out in (2) above;
 - d. third party reward, loyalty or privileges programme providers supporting the Insurer or any of the above listed entities;
4. in addition to marketing the above products and services, the Insurer also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Insurer requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Insurer must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose. You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on “**Access and correction of personal data**”. The Insurer shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: you have the right to ascertain whether the Insurer holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Insurer to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Insurer should be addressed in writing to: Data Privacy Officer of Post & Telecommunication Joint Stock Insurance Corporation (PTI), 8 floor, Harec building 4A Láng Hạ Street, Ba Đình District, Hanoi City, Vietnam. A reasonable fee may be charged to offset the Insurer’s administrative and actual costs incurred in complying with your data access requests.

Declarations and Communications

Declarations and communications are only effective if they have reached the Plan Administrator in writing or by email.

- **Insured Persons** have a duty to inform the Plan Administrator in writing of any change in the **Country of Usual Residence** of the **Insured Persons**.
- In the absence of a notice of change, all communications shall be validly sent to the last address known by the Plan Administrator.
- Any attempt to defraud the Insurer or misrepresentation (whether innocent, negligent or fraudulent) made by the **Insured Person** to the Insurer on the causes, circumstances, consequences or the amount of a claim shall cause the loss of all entitlements under this Policy.

Modification to Coverage

Any modification to coverage can only take effect from the next **Period of Cover**. This may impact the level of premiums and waiting period may apply. The Insurer reserves the right to refuse modifications to coverage.

Non-Assignment

This Policy is not assignable by the **Insured Person** to any third parties. The Insurer shall not be affected by notice of any trust, charge, lien, assignment or other dealing with this Policy.

Premiums

Premiums due are listed on the premium invoice and is payable in advance.

The premiums are calculated based on the **Age** of each **Insured Person** on day 1 of the **Period of Cover**.

The main Insured has to pay premium before the due date that regulated in Certificate of Insurance according to the Vietnam Law.

Revision of premiums

Premiums are revised as at day 1 of each **Period of Cover**, and charged per **Insured person** based on their **Age**.

Policy Renewal

This Policy may be renewed by paying the premium applicable at the time of renewal. The premium rates will be determined at each renewal based on the profile of all **Insured Persons** under the Policy.

Misstatement of Age

If the **Age** of any **Insured Person** has been misstated and the premium paid as a result is insufficient, any difference in premium that has not been paid as a result of the misstatement of **Age** shall be paid by the **Insured Person** to the Insurer immediately. Any excess premium that may have been paid as a result of any misstatement of **Age** shall be refunded without interest. If, at the correct **Age**, an **Insured Person** would not have been eligible for cover under this Policy, no benefit shall be payable, and our liability shall be limited to the refund of the premium paid without interest, less any benefit that was paid due to the misstatement of **Age**.

Rights of Recovery

If the Insurer pays, guarantees, or authorizes payment of expenses to an **Insured Person** or non-network provider, or if the **Insured Person** obtains treatment through the direct billing network, and the Insurer later determines that the **Insured Person** was not entitled to that payment for any reason, the Insurer reserves the right to recover the payment back from the **Insured Person**.

Rights of Third Parties

A person or any entity who is not a party to this Policy shall have no rights under the Contracts to enforce any terms of this Policy.

Subscription

Subscription to this plan does not exempt the **Insured Persons** from being affiliated to any compulsory schemes in the country in which they are residing.

Termination

Termination by the Insurer

Cover under this Policy for any particular **Insured Person** shall be terminated on the earliest happening of the following events:

- False declarations or omissions by the **Insured Person** may result in the Policy being null and void, in which case all premiums paid shall be forfeited and all monies paid out by the Insurer shall be recovered from the payee(s);
- On the termination date of this Policy;
- In the event of a change of **Country of Usual Residence**, unless such requests have been informed and approved by the Insurer. This is subject to compliance with local legislation of the **Country of Usual Residence**;
- The United States becomes the **Country of Usual Residence** of the **Insured Person**;
- On the death of such **Insured Person**;
- On day 1 of the **Period of Cover** on which the **Insured Person** reaches **Age 71**. However, if the Main Insured or spouse has reached **Age 71** and can prove five continuous years of insurance under this Policy, the cover may be extended subject to Insurer's approval;
- Upon such **Insured Person** ceasing to satisfy any of the other eligibility requirements set out in this Policy;
- Cover for all **Dependants** will be automatically terminated upon the termination of the Main Insured's coverage.
- The **Insured Person** is found to be on contravention of any anti-money laundering laws, regulations or sanctions programmes; or
- The **Insured Person** is found to be a person or belong to an entity that is on the List of Specially Designated Nationals and Blocked Persons maintained by OFAC, or any list adopted by the United Nations, the European Union, the United States of America or the United Kingdom.

Where Insurer requests to cancel this insurance, Insurer shall give the Main Insured/ Policyholder 30-day written notice in advance. The cancellation shall be in compliance with the Vietnam Law and Insurer shall return 100% of the premium of unexpired period.

Non-Payment of Premiums by the Main Insured

The Insurer shall terminate the cover provided by this Policy to a Main Insured if he ceases to pay due premiums (Complied as 50 Circular of M.O.F). The Insurer assumes no liability under this Policy until and unless the full premium is paid to and received by the Insurer. If the full premium is not received by the due date, the insurance cover is automatically cancelled from the next day without notice.

Termination by the Main Insured

The **Main Insured** has the right to terminate this Policy or cover for any **Insured Person** by giving 30 days' written notice to the Plan Administrator .

Upon such termination, if no claims have been made during the current **Period of Cover** under the Policy, the Main Insured will be granted a monthly pro-rated refund of the total premium paid corresponding to the remaining **Period of Cover**.

Consequences of termination

The termination date cannot be retroactive in any circumstances.

In the event of termination, any outstanding requests for claims under the Policy must be sent to the Plan Administrator within 3 months from the **Insured Person's** coverage termination date. Claims lodged after the allowed period will no longer be eligible for benefits.

Dispute Resolution and Applicable law

Dispute Resolution

If there is any dispute or disagreement arising out of or in connection with this Policy, including any question regarding its existence, validity or termination, must be referred for arbitration in Vietnam according to the rules of UNCITRAL Arbitration by three arbitrators appointed in accordance with the said rules. Such rules are deemed to be incorporated by reference into this clause.

The language of the arbitration will be in English. If the Insurer disclaims liability for any claim and the claim is not referred for arbitration within 12 months from the date of disclaimer, then the claims will be deemed to have been abandoned and the Insurer shall not be liable for such claim.

Governing Law and Jurisdiction

This Policy shall be governed by and construed in accordance with the laws of the Socialist Republic of Vietnam.

Glossary of Terms

Health Definitions

Accident or Accidental

All bodily injuries not intended by the **Insured Person**, caused by the violent, sudden and unexpected action of an external cause, not including severe or chronic **Illness**

Age

This refers to an **Insured Person's** attained age on day 1 of the **Period of Cover**

Allied Healthcare Professionals

These include but not limited to dietitians, physiotherapists, podiatrists, speech therapists and psychologists

Area of Coverage

Defines the countries in which the **Insured Person** can be treated

Certificate of Insurance / Letter of Acceptance / Acceptance of Proposal

Document giving details of the **Insured Persons**, their chosen plan, the benefits provided, the allowable reimbursement amounts, any **Co-Insurance** or other adjustments taken

Chronic Condition

A disease, illness or injury that has one or more of the following characteristics:

- It continues indefinitely;
- It has no known cure;
- It comes back or is likely to come back;
- It requires ongoing or long-term monitoring through consultations, examinations and/or tests;
- It requires ongoing or long-term control or relief of symptoms;
- The patient will require rehabilitation or special training to manage it

Co-Insurance

The percentage of the eligible **Medical Expenses** that the **Insured Person** must pay, which is not reimbursed under the Policy

Country of Nationality

The country of issuance of the **Insured Person's** passport

Country of Usual Residence

The country in which the **Insured Person** resides for at least 6 consecutive months in a year

Congenital Abnormalities

Any genetic or non-genetic abnormality, defects, diseases, disorders, **Illnesses**, malformations, anomalies or injuries present at birth, whether diagnosed or not

Convalescent Home or Rehabilitation Facility

Freestanding or part of a **Hospital** unit, these facilities are primarily designed to provide short-term recovery and rehabilitation therapy to patients who are recovering from an injury, surgery or stroke

Deductible

The amount of eligible **Medical Expenses** which the **Insured Person** must pay before any claims are covered by the plan.

Dependant/s

The legal spouse, common-law spouse or partner of the Main Insured under a legally binding consensual union agreement, and/or any legal unmarried and unemployed child (ren), including adopted and step-child(ren)

Doula

A certified person who is trained to assist women in child birth. This person must also be a registered midwife who holds the appropriate license to practice in the country where the treatment is received.

Emergency

A sudden, serious and unforeseen acute medical condition or injury requiring immediate medical treatment, and that without treatment commencing as soon as possible could result in death or serious impairment of bodily function. Assessing if a condition answers to this definition is at the sole discretion and expertise of the Plan Administrator's Medical Advisory Board in the event of a dispute.

Emergency Dental Work

Emergency treatment provided during a **Hospitalisation** as a result of an **Accidental** external traumatic injury to the mouth. Any tooth injury sustained while eating or chewing is not considered external trauma and repair of the tooth is not covered.

Expatriate

A person whose **Country of Usual Residence** is different from his/her **Country of Nationality**

Home Nursing

Home visits from a **Qualified Nurse** immediately after **Hospitalisation** at the **Insured Person's** own home as required by **Medical Necessity**, and for treatments normally provided in a **Hospital**. **Home Nursing** is only covered when the treating **Medical Practitioner** recommends it is **Medically Necessary**, and the Insurer agrees for the **Insured Person** to have nursing at home

Hospital

Any legally authorised establishment having the title of medical or surgical **Hospital** in the country where it is located. The establishment must offer its patients permanent surveillance by a doctor. Rest and care homes, spas, cure and fitness centres are not considered to be **Hospitals**

Hospital Accommodation

The cost of the **Hospital** room stay - up to a standard private room or up to a semi-private room, depending on the chosen plan. Additional accommodation cost incurred for a higher category room from the chosen category under the plan, will be excluded.

The **Hospital Accommodation** benefit limits the **Insured Person** to the chosen category under the plan, except in the event of an **Emergency** as defined in the Glossary of Terms, and where a higher category room is established by the **Hospital** as the only available accommodation at the **Hospital** visited.

For non-**Emergency** cases, even if the only accommodation available is a higher category room from the chosen category under the plan, the **Hospital Accommodation** benefit will be limited to the chosen category under the plan and the total eligible hospital expenses (excluding **Hospital Accommodation**) will be subjected to a 20% **Co-insurance**.

Hospice / Palliative Treatment

A facility or home for the terminally ill, where care and emotional support related to a life-threatening and incurable condition is provided by an accredited Palliative Care team in a homelike setting

Hospitalisation

A **Medically Necessary** admission into a **Hospital** involving an overnight stay

Illness/es

Discovery of the symptoms of **Illness** or of an abnormal physical condition or medical condition that is already sufficiently manifest to draw the attention of the average ordinary prudent person and lead him/her to seek diagnosis, treatment or care

Insured Person/s

The eligible individuals and their **Dependant/s**, who have been declared to and accepted by the Insurer

Land Ambulance

Local road ambulance for **Medically Necessary**, **Emergency** transport to or between **Hospitals**. The authorised practitioner of the **Insured Person** will determine if this is **Medically Necessary**. The Insurer reserves the right to ultimately determine whether such transportation was medically appropriate.

Maximum Annual Limit

The maximum annual amount of expenses in excess of which the Insurer no longer has a duty to reimburse the expenses incurred

Medical Expenses

The expenses relating to eligible treatment that are dispensed by a duly authorised **Medical Practitioner** or prescribed by a duly authorised **Medical Practitioner**, and dispensed by a duly authorised pharmacist/**Allied Healthcare Professional**

Medical History Disregard (MHD)

Pre-existing medical conditions are covered in accordance to the benefits, terms and conditions of the plan.

Medically Necessary or Medical Necessity

Services or supplies ordered and provided by a **Hospital, Medical Practitioner** or other Providers that the Plan Administrator or the Insurer determines as:

- Appropriate to the diagnosis or Treatment of an **Insured Person's Illness** or Injury
- Consistent with accepted medical or professional standards of practice
- Not primarily for the personal comfort or convenience of an **Insured Person**, his/her family, **Medical Practitioner** or other Provider
- The most appropriate levels of services or supplies that can safely be provided to an **Insured Person**
- In the case of **Hospitalisation** care, not able to be provided safely on an Outpatient basis

the Plan Administrator or the Insurer reserves the right to determine **Medical Necessity**. The fact that a **Hospital, Medical Practitioner**, or other Provider has prescribed, recommended or approved a service or supply does not, in itself, make it **Medically Necessary**.

Medical Practitioner

A person who has attained primary degrees in medicine or surgery by attending a medical school recognised by the World Health Organisation, who is registered or licensed to practice medicine under the laws of the country where treatment is given, and not an **Insured Person** under the Policy, or a family member of an **Insured Person** under the Policy

Medical Prostheses, Orthopaedic and Mobility Aids

Including but not limited to hearing aids, phonation appliances (electronic larynx), wheelchairs and personal movement assistance, artificial limbs, stoma products, hernia support, abdominal bandages, elastic compression stockings and orthopaedic soles

Medical Questionnaire

Document tracing the medical history used by the Insurer's Medical Advisory Board to assess the health risk of an applicant or an **Insured Person** requesting for a benefit/plan upgrade. This document must be completed by the applicant or **Insured Person** and is valid for one months prior to the effective date of coverage

Occupational Rehabilitation

Expenses incurred for rehabilitation with the purpose of returning injured workers to a level of work activity that is appropriate to their functional and cognitive capacity

Orthodontic

The use of appliances to correct a malocclusion and to reposition teeth so that they function and are aligned correctly

Outpatient Surgery

Expenses for procedures or treatments by incisions, shockwaves or lasers, including endoscopic procedures requiring the professional services of a **Medical Practitioner** and does not require an overnight **Hospital** stay

Parent Hospital Accommodation

Cost of an additional bed in the same room for a parent during an eligible admission of the **Dependant** child subject to the stipulated **Age** for this benefit.

Period of Cover

This will be a 12-month period from the Policy effective date or subsequent renewal date as applicable.

Periodontal Treatment

Treatment of bacterial infections that affect and destroy the tissues that surround and support the teeth. The tissues concerned are the gums, the attaching fibres (ligament or periodontal ligaments) and the bone that supports the teeth

Pre-Existing Condition

Any disease, **Illness** or injury and its related conditions for which **Insured Persons** have received medication, advice, treatment, experienced symptoms or could reasonably assume to have been aware of, prior to the commencement date of coverage

Prescribed Medicines

Drugs that are dispensed and/or prescribed by a duly authorised **Medical Practitioner**

Qualified Nurse

A nurse who is licensed and registered according to the laws of the country in which the treatment is given

Reasonable and Customary Charges

Expenses paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service

Semi Private Room

The lowest category of a 2-bedded or more room with shared bathroom. Patient's standard meals are included.

Standard Private Room

The lowest category of a 1-bedded room with a private bathroom. Patient's standard meals are included.

Terminal Diagnosis

The conclusive diagnosis of an **Illness** that is reasonably expected to result in the death of **Insured Person** within 12 months, by a **Medical Practitioner** who specializes in that **Illness** or condition.

Unexpected Illness

A sudden and unforeseeable **Illness** confirmed by a doctor or an unexpected aggravation requiring medical care that, if not provided within 24 hours, could result in permanent injury, incapacity or death of the **Insured Person**

Emergency Assistance, Repatriation and Evacuation Definitions

Country of Assignment

The country of permanent residence where the **Member** is **Expatriated** outside of the **Home Country**.

Emergency Security Situation

Civil and /or military unrest, insurrection, revolution, natural disaster or any other similar situation which in the reasonable opinion of the client's security personnel constitute a breakdown of law and order that significantly impairs the physical safety of the **Member**.

Expatriated

For any **Member**, living outside his/her **Home Country** for periods exceeding 90 (ninety) consecutive day or exceeding 180 (hundred and eighty) non-consecutive days on any period of 12 (twelve) months.

Home Country

The **Member's** country of citizenship or the country where the **Member** usually lived prior to his/her expatriation.

Member

An individual or any employee of a company or of any of its subsidiaries for whom the company/subsidiary has subscribed to the Care & Health Program in Asia administered by Henner and any subsequent program which Henner will inform the assistance company about. The individual/employee is a member when he lives or travels outside of his/her home country and is **Expatriated** alone or with his/her immediate family (spouse/life partner, children up to **Age** 28 if still studying), for a professional mission in his/her **Country of Assignment** and for professional or private travels outside of the **Country of Assignment**.

Serious Medical Condition

A condition which in the opinion of the assistance company constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the **Member's** immediate or long term health prospects. The seriousness of the medical condition will be judged within the context of the **Member's** geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.

Designed and administered by



GMC SERVICES ASIA PACIFIC PTE.LTD., Private Company Limited by Shares, registered in Singapore under number 1999 01918D, having its Registered office at 137 Telok Ayer Street #07-01/02/03, Singapore 068602

Insured by



Post and Telecommunication Joint Stock Insurance Corporation (PTI) was established on August 1, 1998 under the laws of Vietnam and registered with the Ministry of Finance under No. 41A/GP/KDBH date 01/02/2007, amendment to establishment and operation license No 41A/GPDDC4/KDBH date 30/06/2010, whose registered office is at: 8 floor, Harec building 4A Láng Hạ Street, Ba Đình District, Hanoi City, Vietnam