

BENEFIT SCHEDULE - BAOVIET INTERCARE

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

Area 1: Viet Nam

Area 2: ASEAN

Area 3: ASIA

Area 4: Worldwide excluding USA and Canada

Area 5: Worldwide.

CORE PLAN: INPATIENT TREATMENT DUE TO ILLNESS/DISEASE/ACCIDENT (IP)

Unit: VND

| IP | Select | Essential | Classic | Gold | Diamond |
|---|----------------------|----------------------|----------------------|----------------------|-----------------------|
| Area of coverage | Area 1 | Area 2 | Area 3 | Area 4 | Area 5 |
| Maximum Annual Aggregate Limit | 1,050,000,000 | 2,100,000,000 | 4,200,000,000 | 5,250,000,000 | 10,500,000,000 |
| 1. Room and Board/day | 4,200,000 | 6,300,000 | 10,500,000 | 16,800,000 | 21,000,000 |
| 2. Intensive care unit (max 30 days/disease) | Full cover | Full cover | Full cover | Full cover | Full cover |
| 3. Companion accommodation /person/day (max 10 days/year) | 1,260,000 | 1,890,000 | 3,150,000 | 5,040,000 | 6,300,000 |
| 4. Hospital Miscellaneous Expenses (charges incurred for medical supplies and services during an in-patient and/or day-patient treatment) MRI, PET, CT scans X-rays, pathology, diagnostic tests | Full cover | Full cover | Full cover | Full cover | Full cover |
| 5. Pre-hospitalization treatments within 30 days prior to the hospital admission | 21,000,000 | 42,000,000 | 63,000,000 | 84,000,000 | 105,000,000 |
| 6. Post hospitalization immediately following hospital discharge but not exceeding 90 days from the hospital discharge | 21,000,000 | 42,000,000 | 63,000,000 | 84,000,000 | 105,000,000 |
| 7. Home nursing (as prescribed by Doctor) - Maximum limit per year | 21,000,000 | 42,000,000 | 63,000,000 | 84,000,000 | 105,000,000 |
| 8. Expenses for Surgeons, consultants, operating theatre anaesthetists, medical practitioners | Full cover | Full cover | Full cover | Full cover | Full cover |
| 9. Organ Transplantation of Heart, Lung, Liver, Pancreas, Kidney, Bone, Marrow. Limit per lifetime | 630,000,000 | 840,000,000 | 1,260,000,000 | 1,680,000,000 | 2,100,000,000 |
| 10. Specialist Consultation (max. one visit /day and 90 days/year) | 4,200,000 /day | Full cover | Full cover | Full cover | Full cover |

| | | | | | |
|--|-----------------------|---|--|--|--|
| 11. Emergency Accidental Pregnancy treatment immediately after an accident) per policy (ell. embryotropic) | Full cover | Full cover | Full cover | Full cover | Full cover |
| 12. Emergency Accidental Dental Inpatient Treatment (treatment received within 24 hours at the emergency room of a hospital immediately following an accident) per policy period | 21,000,000 | Full cover | Full cover | Full cover | Full cover |
| 13. Expenses for transportation in emergency case | 21,000,000 | 42,000,000 | 63,000,000 | 84,000,000 | 105,000,000 |
| 14. Emergency Medical Evacuation & Repatriation (including by air) | Full cover | Full cover | Full cover | Full cover | Full cover |
| 15. Emergency Ward Treatment | Full cover | Full cover | Full cover | Full cover | Full cover |
| 16. Acute mental disorder (in-patient only) | N/A | 21,000,000 /year 105,000,000 /lifetime | 63,000,000/year 210,000,000 /lifetime | 63,000,000/year 210,000,000 /lifetime | 78,750,000/year 262,500,000 /lifetime |
| 17. Family visit | N/A | N/A | N/A | 01 Round-trip economy ticket | 01 Round-trip economy ticket |
| 18. Daily Allowance per night (Up to 20 nights/year) | 105,000 | 210,000 | 315,000 | 420,000 | 525,000 |
| 19. Daily Allowance per night in public hospitals (Up to 20 nights/year) | 210,000 | 420,000 | 630,000 | 840,000 | 1,050,000 |
| 20. Sub-limit applied for special diseases/ critical illnesses /lifetime (exclusively applied for individuals and families including in-patient, out-patient, emergency transportation and term life) | 210,000,000 | 420,000,000 | 840,000,000 | 1,050,000,000 | 2,100,000,000 |
| 21. AIDS/ HIV Cover for treatment occurring during the Insured Period, including the subsequent renewal year(s), provided that it manifests itself after the policy has been continuously in effect for a period of five (5) years since the Entry date. | 105,000,000/ lifetime | 210,000,000/ lifetime | 420,000,000/ lifetime | 525,000,000/ lifetime | 1,050,000,000/ lifetime |

OPTIONAL PLANS

1. OUT-PATIENT TREATMENT DUE TO ILLNESS/DISEASE/ACCIDENT (OP) – Optional

Unit: VND

| OP | Select | Essential | Classic | Gold | Diamond |
|---|-------------------|-------------------|-------------------|--------------------|--------------------|
| Maximum Aggregate Limit for the whole insurance period | 31,500,000 | 63,000,000 | 84,000,000 | 105,000,000 | 168,000,000 |

| Area of coverage | Area 1 | Area 2 | Area 3 | Area 4 | Area 5 |
|---|-----------------|-----------------|------------------|-----------------|------------------|
| <ul style="list-style-type: none"> General Practitioners and Specialist fees. Prescribed medicines. Laboratory test, diagnostic and treatment prescribed by a physician. Medical aids which are necessary as part of treatment for broken limbs or injuries (e.g. plaster casts, bandages) and mobility aids prescribed by a physician. Physiotherapy, radiotherapy, heat therapy or phototherapy prescribed by a physician. | 3,200,000/visit | 5,000,000/visit | 6,700,000 /visit | 7,300,000/visit | 11,800,000/visit |
| <ul style="list-style-type: none"> Health check-up/ Vaccination per year | N/A | N/A | N/A | 2,000,000 | 3,000,000 |

2. MATERNITY CARE (MA) – Optional

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

Unit : VND

| MA | Select | Essential | Classic | Gold | Diamond |
|---|-------------------|-------------------|-------------------|-------------------|--------------------|
| Maximum Aggregate Limit for the whole insurance period | 21,000,000 | 31,500,000 | 63,000,000 | 84,000,000 | 105,000,000 |
| Area of coverage | Area 1 | Area 2 | Area 3 | Area 4 | Area 5 |
| <p><u>Benefit:</u></p> <p>a) Complications of pregnancy and childbirth</p> <p>BAOVIET shall pay for medial expenses arising from complications during the period of pregnancy and childbirth which need obstetric procedures, the mother's immediate pre and post-natal expenses in a hospital. Coverage is provided for caesarean sections required on medical grounds and does not include voluntary caesarean sections (or medically required due to a previous elective caesarean section). Complication of pregnancy and childbirth including but not limited to the followings:</p> <ul style="list-style-type: none"> ➢ Miscarriage or when the fetus has died and remains with the placenta in the womb; ➢ Stillbirth abnormal cell growth in the womb; ➢ Ectopic pregnancy; ➢ Post-partum hemorrhage; ➢ Retained placental membrane; ➢ Therapeutic abortion including abortion cases due to hereditary diseases/congenital malformation of the fetus or to save the mother's life; ➢ Preterm labor ➢ Difficult delivery ➢ Complications following any of the above conditions. <p>b) Normal Delivery/ Childbirth</p> <p>BAOVIET will pay for medical costs arising from normal delivery/ childbirth, including but not limited to the hospital charges, specialist fee, the mother's immediate pre and postnatal care in hospital, postnatal suture.</p> <p><u>Waiting period:</u></p> <p><u>In case of Childbirth:</u></p> <p>For individual policy: This benefit shall only be paid after 635 days from the Effective Date of the Policy. For group policy: This benefit shall be paid after 365 days from the Effective Date of the Policy.</p> <p><u>In case of Complications:</u> This benefit shall be paid after 90 days from the Effective Date of the Policy.</p> | | | | | |

3. DENTAL CARE (DC) – Optional

Unit: VND

| DC | Select | Essential | Classic | Gold | Diamond |
|--|--|--|--|---|--|
| Maximum Aggregate Limit for the whole insurance period | 21,000,000 | 21,000,000 | 31,500,000 | 31,500,000 | 31,500,000 |
| Area of coverage | Area 1 | Area 2 | Area 3 | Area 4 | Area 5 |
| Benefit: 1. Routine Dental Care > Check-up and diagnosis > Tooth cleaning 2. Dental Treatment > Check-up and diagnosis > Normal filling (amalgam or composite) > Removal of decayed teeth. > Removal of impacted, buried or un-erupted teeth > Removal of roots > Removal of solid adontomes > Apicetomy > Root canal treatment > Gingivitis, pyorrhoea. | Routine dental care (including tooth cleaning): 1,000,000/year Up to Maximum limit | Routine dental care (including tooth cleaning): 1,000,000/year Up to Maximum limit | Routine dental care (including tooth cleaning): 2,000,000/year Up to Maximum limit | Routine dental care (including tooth cleaning) 2,000,000/year Up to Maximum limit | Routine dental care (including tooth cleaning): 2,000,000/year Up to Maximum limit |
| 3. Special treatments, Dentures New or repair of bridge work, porcelain crowns, dentures | Co-insurance 50% | Co-insurance 50% | Co-insurance 50% | Co-insurance 50% | Co-insurance 50% |

4. PERSONAL ACCIDENT (PA)

Unit: VND

| PA | Select | Essential | Classic | Gold | Diamond |
|---|----------------------|----------------------|----------------------|----------------------|-----------------------|
| Maximum Aggregate Limit for the whole insurance period | 2,200,000,000 | 4,400,000,000 | 6,600,000,000 | 8,800,000,000 | 11,000,000,000 |
| Area of coverage | Area 1 | Area 2 | Area 3 | Area 4 | Area 5 |
| Benefit: Cover for Death, Permanent Total & Partial Disablement due to Accident | | | | | |

5. TERM LIFE (TL)

Unit: VND

| TL | Select | Essential | Classic | Gold | Diamond |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| Maximum Aggregate Limit for the whole insurance period | 1,100,000,000 | 2,200,000,000 | 4,400,000,000 | 5,500,000,000 | 6,600,000,000 |

| Area of coverage | Area 1 | Area 2 | Area 3 | Area 4 | Area 5 |
|--|--------|--------|--------|--------|--------|
| Benefit: Cover for Death, Permanent Total Disablement due to any cause other than accidents Waiting period: Normal illness: 90 days from the Effective Date of this benefit. Special diseases/Pre-existing diseases/diseases detailed in No.2 of the general exclusion of this Wording: 365 days from the Effective Date of this benefit | | | | | |

6. OVERSEAS STUDENT PROTECTION

| Education Assistance | Select | Essential | Classic | Gold | Diamond |
|----------------------|--------|------------|------------|-------------|-------------|
| Area of coverage | Area 1 | Area 2 | Area 3 | Area 4 | Area 5 |
| Study Interruptions | N/A | 50,000,000 | 70,000,000 | 100,000,000 | 150,000,000 |
| Sponsor protection | | | | | |
| Terrorism insurance | | | | | |