

POLICY TERMS AND CONDITIONS

www.april-international.com

Please print only if necessary



1. OUR CONTRACT WITH YOU

- 1.1 These terms and conditions need to be read together with the policy cover page, the *namelist*, the *benefits schedule*, and any endorsement(s). All of these documents, together with the statements made in *your* application and any documents or statements submitted in connection with, or referred to in *your* application; make up the entire policy.
- 1.2 No change to the policy will be effective unless contained in a written endorsement signed by *us*.
- 1.3 This policy uses defined terms which appear in italics. Defined terms have the same meaning wherever they appear. The meaning given to a defined term can be found in the definitions section at the end of these terms and conditions.

2. FREE LOOK PERIOD

- 2.1 Please examine the contract carefully to make sure *you* have the cover *you* want. If *you* have any questions about the contract, please contact *us* or the person who arranged this policy for *you*. Within 30 days after the *effective date*, *you* may return it to *us* for a full refund of any premium paid if no claim has been paid by *us*. The policy will be deemed void from the *effective date*. During the Free Look Period, no claim will be paid by *us*. The Free Look Period will cease if a claim is incurred by *you* during this period.

3. CO-INSURANCE AND DEDUCTIBLES

- 3.1 All expenses will be paid excess of any *deductible* that applies and after we have applied any co-insurance percentage. If three or more members of *your* family suffer *injury* in the same *accident* while covered under this policy, *we* will pay *expenses* excess of only one *deductible*, which shall be the largest of the *deductibles* which would have otherwise applied.

4. WHERE ARE YOU COVERED?

- 4.1 This plan covers services rendered within the area of cover stated on the *benefits schedule*.
- 4.2 Services rendered outside of the area of cover will, subject to the limit for Out of Area Cover shown on the benefits schedule, be covered only if they are directly caused by sudden *illness or injury* occurring during the first 30 *travel days* of any trip outside the area of cover. This section does not apply to any trip:
 - 4.2.1 commenced or continued against the orders or advice of any *physician* or other medical practitioner; or
 - 4.2.2 undertaken in whole or in part for the purpose of obtaining medical care.
- 4.3 In the event *you* are hospitalised outside of the area of cover on the 30th *travel day* for a covered sudden *illness or injury*, provided notice of such hospitalisation has been given to *us* prior to that date, and subject otherwise to the terms and conditions of this policy governing termination of benefits, coverage under section 4.2 shall be extended until such time *you* no longer require hospitalisation for the *disability*.

5. WHO IS COVERED?

- 5.1 *You* and *your dependants* whose names appear on the *namelist*.

6. PERIOD OF COVER

- 6.1 The minimum initial *period of insurance* is twelve (12) months.

7. AUTOMATIC RENEWAL OF YOUR POLICY

- 7.1 Unless *you* have notified *us* in writing on or before the last day of the *period of insurance* that *you* do not wish to renew the policy, this policy will be automatically renewed by sending *you* a renewal policy prior to the last day of the *period of insurance* of *your* existing policy. The premium for *your* renewal policy will reflect the age of *insured persons* on the first day of the renewal *period of insurance*. No free look period will apply to a renewal policy.
- 7.2 *We* reserve *our* rights to also change upon renewal either:
 - 7.2.1 the terms, conditions, and benefits by giving *you* notice of such changes not less than 30 days prior to the end of a *period of insurance*, provided that such change will apply to all policies of the same plan type; or
 - 7.2.2 the premiums for *you* to reflect the risk associated with insuring *you* based on *your usual country of residence*, by sending *you* a notice of such changes prior to the end of a *period of insurance*.
- 7.3 If after receiving notice under section 7.2 *you* do not wish to renew *your* policy, *you* must notify *us* prior to the last day of the *period of insurance* otherwise *your* policy will be renewed on the new terms and conditions.
- 7.4 This clause shall not affect any rights *we* may have to cancel the policy or not offer renewal including, those provided for in the Material Changes clause.

8. WAITING PERIODS

- 8.1 Cover for the following benefits and *disabilities* will commence after an *insured person* has been continuously covered for the following time periods after the first day of the *period of insurance* in respect of an *insured person*:
 - 8.1.1 *Complications of Pregnancy*: 366 days prior to the date of service;
 - 8.1.2 Maternity Benefits: 366 days prior to the date of service;
 - 8.1.3 Newborn Additions: 366 days prior to the date of birth;
 - 8.1.4 *Major dental treatment*: 300 days prior to the date of service; and
 - 8.1.5 *HIV/AIDS*: three years prior to your first positive HIV test result, or the date *you* received any treatment for *HIV/AIDS* (or following possible exposure to the virus), whichever is later.
- 8.2 If *you* have changed the cover for an *insured person* after the start of the first *period of insurance*, the benefits for any *disability* or service subject to a waiting period will be those shown on the *benefits schedule* for that *disability* or service on the first day of the waiting period, or those shown on the current *benefits schedule*, whichever is less.

9. NEWBORN ADDITIONS

- 9.1 A *newborn infant* born to a mother who has been covered under the policy for the period stated in section 8.1.3 may be added to the policy from birth without medical underwriting as long as the *newborn infant* was not born following *assisted conception*.
- 9.1.1 You must provide us with a Newborn Additions Form within 28 days of birth of the *newborn infant* so that we can add the child to the policy.
- 9.1.2 Your child's cover will match the cover provided to the mother of the child on the first day of the twelve month period preceding the child's birth, excluding any optional cover chosen for Maternity Benefits or Dental and Optical Benefits. Cover for *neonatal disabilities* will be limited to the *neonatal disabilities* limit shown on the *benefits schedule*.
- 9.2 A child not meeting the criteria under 9.1 must be added by Medical Questionnaire, including any child:
- 9.2.1 whose mother has not been covered under the policy for 366 consecutive days;
- 9.2.2 for whom a Newborn Additions Form was not received by us within 28 days following birth;
- 9.2.3 who was adopted or was carried by a surrogate; or
- 9.2.4 who was born following *assisted conception*.
- 9.3 Our underwriting process will apply to an addition under Section 9.2, and we may decline to provide cover or may offer cover at terms we require. The cover must be equal to the cover provided to the mother excluding any optional Maternity Benefits or Dental and Optical Benefits.

10. CANCELLATION

- 10.1 The minimum *period of insurance* is 12 months. If you or we request termination of the policy, this will only be effective following delivery of a written notification from the terminating party at least 30 days prior to the date of termination. Termination procedures will follow the provisions of the Vietnamese Insurance Business Law and Civil Code including:
- If you request termination of the policy and no claim has been paid by us, we will refund 65% of the unexpired premium for the remaining period of cover.
 - if we request termination of the policy and no claim has been paid by us, we will refund 100% of the unexpired premium for the remaining period of cover.

11. PREMIUM PAYMENT

- 11.1 We must receive your full premiums on or before the Due Date stated on the Policy. Premiums must be paid in compliance with Vietnamese law.

12. OWNERSHIP AND SUCCESSOR INSURED

- 12.1 Expenses will be paid to you or your legal representatives, whose receipt will discharge our liability for those expenses. We may, in our absolute discretion, pay expenses to a provider of services, unless you or your legal representative have instructed us in writing not to and we have not agreed to pay expenses to the provider prior to receiving such instruction.
- 12.2 If the *policyholder* should die during the *period of insurance* then (in the following order of priority), your surviving spouse or, if you leave no surviving spouse or, the spouse is not covered under this policy, the eldest *insured person* then covered by the policy (or their legal guardian, if a minor) will automatically become the *policyholder*.
- 12.3 Unless an endorsement states otherwise, we shall treat the policyholder as the absolute owner of this policy and we are not bound to recognise any other claim to, or interest in, this policy.

13. IN THE EVENT OF FRAUD OR NONDISCLOSURE

- 13.1 We may cancel your policy from inception and will refund 65% of the premium if no claim has been paid by us if:
- 13.1.1 you provided false information to us, or failed to disclose information to us, in connection with your application or any application for addition of an *insured person*, upgrade, or reinstatement, and the misrepresentation or nondisclosure was fraudulent; or
- 13.1.2 any claim is in any respect fraudulent or if fraudulent means or devices are used by you or an insured person or anyone acting on your or an insured person's behalf to obtain benefits under this policy.
- 13.2 If this policy is canceled after claims have been paid, or after we have provided a guarantee of payment to a provider of services, any amounts paid or guaranteed will upon cancellation become immediately repayable by you to us.

14. MATERIAL CHANGES

- 14.1 As a condition precedent to liability, you must inform us as soon as reasonably practicable of any change in your name, the country(ies) of which you hold a passport or citizenship, or your usual country of residence. If such notice is not given we will have no liability under this policy for expenses occurring after the date of such change.
- 14.2 You must inform us as soon as reasonably practicable of any change to your residential address or correspondence address. Until such notice is given we may continue to send correspondence to the last address given to us by you, and shall not bear any consequences if such correspondence is not received by you.

15. PROOF OF CLAIM AND COOPERATION

- 15.1 As a condition precedent to liability, all claims for reimbursement of expenses must include the following (the "required claim documents"):
- 15.1.1 bills and supporting documents showing the breakdown of expenses and the diagnosis of the condition treated; and
- 15.1.2 a claim form with all relevant sections completed.
- 15.2 All required claim documents must be received by us within 90 days from the date service was rendered. Where it is not reasonably possible to present the required claim documents to us within 365 days from the date you incurred the expense in accordance with Vietnam Insurance Business Law.

- 15.3 Claims can be submitted to *us*:
- 15.3.1 by mail to the address of the third party administrator authorized by *us* for counseling and claim adjudication in Vietnam, attaching original documents;
- 15.3.2 by email to pticlaims@april.com including copies of supporting documents; or
- 15.3.3 by fax to (+84) 28 7307 7987 including copies of supporting documents.
- 15.4 If *you* submit claims by email or fax, *you* must retain a copy of the original documents and must send the original documents to *us* upon request or when required by *our* claim instructions.
- 15.5 *You* must fully cooperate with *us* and *our* appointed agents in connection with any claim. *Your* cooperation may include, providing original documents upon request, or providing any consent *we* reasonably need to obtain information relevant to *your* claim from any source, including a *physician* or other medical provider, *hospital*, or an insurance company.
- 15.6 If *we* ask for cooperation, documents, information, or consent to obtain documents or information, it shall be a condition precedent to liability that *you* provide the requested cooperation, document, information, or consent in a timely manner.
- 15.7 The required claim documents should be in English or Vietnamese.

16. RIGHT TO EXAMINE AN INSURED PERSON

- 16.1 As a condition precedent to liability *we* are entitled to require an *insured person* to undergo a medical examination at *our* expense by a *physician* of *our* choosing at any time. If an *insured person* dies, *we* are entitled to require a post-mortem examination unless forbidden by law.

17. CLAIMS AGAINST THIRD PARTIES OR OTHER INSURANCE

- 17.1 As a condition precedent to liability, if another medical or accident insurance covers *you* for *expenses* relating to a *disability* also covered by this policy, *we* will only be liable for the excess of the amount recoverable from such other source or insurance.

18. RIGHT OF RECOVERY

- 18.1 If *we* pay, guarantee, or authorise payment of, *expenses*, or if *you* obtain treatment through *our* direct billing network, and *we* later determine that *you* were not entitled to that payment for any reason, *we* reserve the right to claim the payment back from *you*.

19. GOVERNING LAW AND JURISDICTION

- 19.1 This policy is governed by, and is to be interpreted according to, the laws of the Socialist Republic of Vietnam.

20. SANCTIONS AND COMPLIANCE WITH LAWS

- 20.1 No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer 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.

21. ARBITRATION AND TIME LIMITS

- 21.1 Arbitration
Any dispute, controversy, difference, or claim arising out of or relating to this policy, or the breach, termination or invalidity thereof, shall be settled in Vietnam by arbitration in accordance with the Vietnam International Arbitration Center (VIAC) and VIAC's Rules (the "VIAC Rules").
- 21.2 Time Limitation
The statute of limitations for instituting a lawsuit regarding an insurance contract is three (3) years from the time the dispute arose. Beyond this period, all appeals are invalid.

22. EXCLUSIONS

This policy does not cover:

- 22.1 *Pre-existing conditions* and any related, associated or consequential *disabilities* which were not disclosed to *us* before the *period of insurance* and which *we* have not agreed in writing to cover under this policy.
- 22.2 Treatment, care or a test which is not *medically necessary*.
- 22.3 Services which have not been prescribed by *your* attending *physician* unless otherwise stated on the *benefits schedule*.
- 22.4 Services by a *dentist*, other than services claimed under Dental and Optical Benefits where specifically provided on the *benefits schedule*.
- 22.5 *Emergency Dental Treatment* related directly or indirectly to biting, chewing or teeth grinding.
- 22.6 *Reconstructive surgery* except when required as a direct result of a *disability* covered under this policy.
- 22.7 *External prosthesis* except when required as a direct result of a *disability* first occurring during a *period of insurance*.
- 22.8 Treatment, care or tests directly or indirectly related to:
- 22.8.1 *assisted conception*, contraception, sterilisation, fertility or infertility, prior history of miscarriages, hypogonadism or testosterone deficiency, sexual dysfunction, or abortion other than for therapeutic reasons;
- 22.8.2 pregnancy or childbirth, or *complications of pregnancy* following *assisted conception*, other than services claimed under Maternity Benefits where specifically provided on the *benefits schedule*;
- 22.8.3 elective caesarian section prior to the 38th week of term;
- 22.8.5 *venereal disease*;
- 22.8.5 *hereditary conditions*;
- 22.8.6 *cosmetic treatment* or gender reassignment *surgery* or therapy;

- 22.8.7 refractive defects of the eye other than services claimed under Dental and Optical Benefits where specifically provided for on the *benefits schedule*;
- 22.8.8 *terminal illness* other than as provided by the *hospice* or *palliative treatment* benefit as shown on *your benefits schedule*;
- 22.8.9 weight loss or weight management;
- 22.8.10 self-inflicted *injury*, suicide or attempted suicide;
- 22.8.11 consumption of alcohol, illegal drugs, or medicines not prescribed to the *insured person* by a *physician* or taken in excess of prescribed quantities;
- 22.8.12 sleep disorders or *behavioural* or *developmental disorders*; and
- 22.8.13 *injury* related to participation in *professional sport activities* or *hazardous sport activities* or deliberate exposure to exceptional danger except in an effort to save human life;
- 22.9 Purchase or rental of prostheses, corrective devices, or durable medical equipment other than *surgical implants*, *external prosthesis* or *medical appliances* shown on the *benefits schedule* as covered by this policy.
- 22.10 The cost of purchasing an organ for transplantation.
- 22.11 The following services, whether or not recommended or prescribed by a *physician*:
 - 22.11.1 Experimental or unproven treatment;
 - 22.11.2 Non-western or non-allopathic treatment except to the extent specifically stated in the *Complementary Medicine* and Traditional Chinese Medicine section of the *benefits schedule*;
 - 22.11.3 Stem cell treatment;
 - 22.11.4 Any service rendered while an *insured person* is an inmate of a prison, jail or any correctional facility including halfway houses or similar facilities, or while a patient of any mental institution;
 - 22.11.5 House calls, delivery of medicine or other items, or any service rendered at a person's home, office, hotel room, or similar place or any place that is not a *hospital*, clinic or *rehabilitation centre*;
 - 22.11.6 Services or treatment while a bed patient at any facility that is not a *hospital*, including an institution such as an *intermediate care facility* or *nursing home*;
 - 22.11.7 Vitamins, nutritional supplements, chelation therapy, bioresonance therapy or diagnosis, or colonic hydrotherapy;
 - 22.11.8 *custodial* or *maintenance care* or rest cures;
 - 22.11.9 *Hospital* inpatient treatment for convalescence, rehabilitation, supervision or which in the opinion of *our* medical advisor, could be properly treated as an outpatient;
 - 22.11.10 Outpatient treatment of mental and nervous conditions other than services provided on the benefits schedule;
 - 22.11.11.1 If Dental and Optical Benefits are included in the benefits schedule:
 - 22.11.11.2 dental treatment utilising precious metals or stones; and
 - 22.11.11.3 Eyeglass frames;
 - 22.11.12 Services by a psychologist or counsellor.
- 22.12 *Disability* suffered while serving as a member of a police force or military unit of any country or international authority, or due to participation in *war*, *civil war*, invasion, insurrection, revolution, use of military power, usurpation of government or military power or any known or suspected terrorist act or any illegal act.
- 22.13 Disability as a result of exposure to ionising radiation or radioactive contamination of any kind.
- 22.14 Travel expenses incurred to obtain medical treatment other than in the course of an emergency medical evacuation we have approved in advance, or which has been approved by the emergency assistance provider.
- 22.15 Treatment outside your area of cover as stated on your benefits schedule except to the extent Out of Area Cover is provided for in your benefits schedule.
- 22.16 All Expenses:
 - 22.16.1 which are not *reasonable and customary*;
 - 22.16.2 for medical certificates or administrative fees such as a charge for providing a claim form or medical records;
 - 22.16.3 incurred outside the *period of insurance* or in any period for which the appropriate premium has not been paid;
 - 22.16.4 incurred during the *period of insurance* for drugs and/or medical services consumed or provided once the *period of insurance* has ended; or
 - 22.16.5 for services performed or items sold by *you*, *your* parents, *your* children, or any entity in which *you*, *your* parents, or *your* children either are an employee or director or have a greater than 1% ownership interest

DEFINITIONS

- A ACCIDENT or ACCIDENTAL:** A sudden, unexpected and specific event, external to the body, which occurs at an identifiable time and place.
- A ACTIVE CANCER TREATMENT:** A course of treatment intended to affect the growth of the cancer by shrinking the cancer, stabilising it or slowing the spread of disease, and not given solely to relieve symptoms or to prevent a recurrence. It also includes the first consultation with the oncologist after the last treatment in the last planned course of *active cancer treatment*, and any associated *diagnostic scans and tests*.
- A ASSISTED CONCEPTION:** The use of medical technology to increase the number of eggs during ovulation or to bring a human sperm and an egg, or eggs, close together, thereby increasing the chance of conception. This includes but is not limited to Intra-uterine insemination (IUI), In vitro fertilisation (IVF), intracytoplasmic sperm injection (ICSI) or the use of any form of treatment to induce or increase ovulation.
- B BEHAVIOURAL OR DEVELOPMENTAL DISORDER:** A *disability* classified in categories F50 to F98 of the International Classification of Diseases 10th Revision (2010 version).
- B BENEFITS SCHEDULE:** The schedule(s) showing each of the benefits available under this policy and the limit available for those benefits.
- C CO-INSURANCE PERCENTAGE:** The share of *expenses* for which *you* are liable, shown on the *benefits schedule*.
- C COMPLICATIONS OF PREGNANCY:** Acute nephritis, nephrosis, cardiac decompensation, missed abortion, ectopic pregnancy, puerperal infection, eclampsia, toxemia, or hydatidiform mole. It also includes a condition whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy, and which requires *confinement* or *surgery* prior to the full term of pregnancy to avoid the threat of permanent damage to the life or health of the mother.
- C COMPLEMENTARY MEDICINE:** Therapeutic services rendered by one of the types of practitioner listed in the *Complementary Medicine* and Traditional Chinese Medicine section of the *benefits schedule*, other than someone related to *you* by blood, marriage or adoption, who is qualified by education and training and, if required or permitted to be licensed or registered by the laws of the place where service took place, is licensed or registered in that place, and who in performing such services is acting within the scope and training of that discipline.
- C CONFINEMENT:** A continuous period of not less than 18 hours as a registered bed patient in a *hospital*.
- C CONGENITAL CONDITION:** Any condition classified as a congenital anomaly in the International Classification of Diseases 10th Revision (2010 version).
- C COSMETIC TREATMENT:** *Surgery*, chemical treatment, or other procedures performed to reshape or modify structures of the body or physical appearance.
- C CUSTODIAL OR MAINTENANCE CARE:** Care provided mainly:
a) For personal needs, comfort or convenience for which specialised medical training or skills are not necessary; or
b) To maintain, rather than improve, a physical or mental function, or to provide a protected environment, including *physician-prescribed bed rest*.
- D DEDUCTIBLE:** An amount shown on the *benefits schedule* corresponding to a benefit available under this policy. *We* are entitled to deduct this amount from any payment of *expenses*.
- D DENTAL TREATMENT:** Evaluation, diagnosis, prevention, and surgical or non-surgical treatment of diseases, disorders and conditions of the oral cavity, maxillofacial area and the adjacent and associated structures.
- D DENTIST:** A properly qualified practitioner other than someone related to *you* by blood, marriage or adoption, who is licensed by the competent authorities of the country in which treatment is provided to render *dental treatment*, and who in rendering such treatment is practicing within the scope of his or her licensing and training.
- D DEPENDANT:** *Your* spouse under the law of *your usual country of residence* or *your de facto partner*;
Each of *your* unmarried children, stepchildren or adopted children who are under nineteen (19) years of age for all or part of the *period of insurance* or, if a full-time student and primarily dependent on *you* for support and maintenance while a full-time student, under twenty-three (23) years of age for all or part of the *period of insurance*.
- D DIAGNOSTIC SCANS AND TESTS:** *Medically necessary* tests and procedures prescribed by an attending *physician* to investigate the cause and nature of symptoms of a *disability*. Limited to the following tests and scans unless otherwise stated on the *benefits schedule*: laboratory tests and pathology, CT scan, PET Scan, MRI, ultrasound, ECG, endoscopic exams, and x-ray.
- D DISABILITY:** An *illness* or *injury*, and any symptoms, sequelae, or complications thereof. In the case of *injury*, it means all *injuries* arising from the same event or series of contiguous events.
- E EFFECTIVE DATE:** The date specified on the *namelist* as the date on which the *period of insurance* in respect of any *insured person* commences under this policy.
- E EMERGENCY:** A sudden change in *your* health which requires urgent medical or surgical intervention to avoid permanent damage to *your* life or health.
- E EMERGENCY ASSISTANCE PROVIDER:** A lawfully established and operated company which has entered into a cooperation agreement with *us*, to supply aid and emergency evacuation or transportation services as shown on the *benefits schedule*
- E EXPENSES:** Amounts *you* incur during the *period of insurance* for a *medically necessary* service and which fall within the categories of benefits shown on the *benefits schedule*.

- E EXTERNAL PROSTHESIS:** An artificial body part prescribed by an attending *physician* as part of treatment relating to a *disability* covered by this policy.
- H HAZARDOUS SPORT ACTIVITIES:** Flying activities other than as a fare-paying passenger on a regular scheduled airline or licensed chartered aircraft, off-piste skiing and snowboarding, riding on a snowmobile, hunting, ice hockey, parachute jumping, wrestling, polo, water skiing or wake-boarding, boating activities beyond 5 kilometres from a coastline, racing other than on foot, diving in excess of 20 metres below the surface of the water and rock climbing involving ropes or pitons
- H HEREDITARY CONDITIONS:** An *illness* caused by a genetic abnormality passed down from the parents' genes. It does not include cancers where the *hereditary condition* is not causing other symptoms.
- H HIV/AIDS:** Infection with the Human Immunodeficiency Virus and any mutation thereof and/or Acquired Immune Deficiency Syndrome ("AIDS") and any symptoms relating thereto or *illnesses* arising therefrom. AIDS includes any cancer or infection in an HIV-infected person who, on or at any time before the date of service, had a CD4 T-cell count below 200 cells per microliter. *HIV/AIDS* costs may only be claimed under the *HIV/AIDS* section of the *benefits schedule*, and no other type of benefit under this policy provides coverage in connection with *HIV/AIDS*.
- H HOME COUNTRY:** The country of the passport or identity document of *insured persons* listed on the application or notified to us under the terms governing material changes. For any dependant who does not have a passport, it will be the home country of their *policyholder*.
- H HOSPICE OR PALLIATIVE TREATMENT:** A program of medical, psychological, social, and spiritual care provided to persons who have been diagnosed as suffering from a *terminal illness*. Treatment must be prescribed by a *physician* and provided by a *hospital* or institution licensed by the competent medical authorities of the country in which care is provided and which, in providing care, is practicing within the scope of its license. *Hospice or palliative treatment* costs may only be claimed under the *hospice or palliative treatment* section of the *benefits schedule*, and no other type of benefit under this policy provides coverage in connection with *hospice or palliative treatment*.
- H HOSPITAL:** An institution licensed by the competent medical authorities of the country in which it is located to provide care and treatment of sick and injured persons as bed patients and which:
- Has full diagnostic, therapeutic and surgical procedures; and
 - Provides 24 hour a day nursing services by registered graduate nurses; and is supervised by a staff of physicians; and
 - Is not primarily a clinic, an *intermediate care facility or nursing home*, a mental institution, a home for the aged, or a place for alcoholics or drug addicts.
- H HOSPITAL ROOM AND BOARD:** Room and board and general nursing care, subject to the following accommodation levels as stated on the *benefits schedule*.
- STANDARD PRIVATE ROOM** – The base class of rooms having one (1) patient bed per room. Standard private room does not include a suite.
- SEMI-PRIVATE ROOM** – A class of room having two (2) patient beds per room, whether both beds are occupied or not.
- WARD** – A class of room having three (3) or more patient beds per room, whether all beds are occupied or not.
- I INTENSIVE CARE UNIT:** A class of room dedicated to the constant, close monitoring of the vital body functions of critically ill patients, which provides a high ratio of nursing staff to patients, and which has full facilities for the resuscitation of patients. This definition also includes a coronary care unit which has facilities not less comprehensive than those described above.
- I INJURY:** Identifiable physical damage to *your* body which is caused by an *accident* solely and independently of any other causes, is not intentionally self-inflicted, and does not result from *illness*.
- I INTERMEDIATE CARE FACILITY OR NURSING HOME:** A place devoted to providing support services for individuals requiring medical, nursing, or *custodial or maintenance care* in a residential setting.
- I ILLNESS:** A physical condition, including symptoms, sequelae, or complications, marked by a pathological deviation from the normal healthy state during the *period of insurance*.
- I INSURED PERSON:** The person/persons identified on the *namelist*.
- K KIDNEY DIALYSIS:** Hemodialysis and peritoneal dialysis. *Kidney dialysis expenses* may only be claimed under the *kidney dialysis* section of the *benefits schedule*, and no other type of benefit under this policy provides coverage in connection with *kidney dialysis*.
- M MAJOR DENTAL TREATMENT:** Surgical removal of impacted, buried, or unerupted teeth/roots or odontomes; treatment of disorders of the temporomandibular joint (TMJ); orthodontics; dental implants; root canal therapy or apicoectomy; dentures (new/repair of old); crowns and bridges; treatment by a *dentist* of *illnesses* of the oral mucosa and directly related laboratory tests or pathology services; antibiotics or medicines for pain management for which a prescription is required for purchase and which have been prescribed by a *dentist*; periodontics, deep oral prophylaxis or root planing.
- M MEDICAL APPLIANCES:** The following items and their accessories if prescribed by a *physician* for a *disability*: cranial helmets, nebulisers, oxygen pumps and masks, hearing aids, corrective splints, insulin pumps, infusion pumps, glucose monitors and lancets, orthotic/orthopaedic braces and supports, tracheo-esophageal voice prosthesis, arch support, and consumable diabetes or ostomy supplies.
- M MEDICAL CHECK UP:** Consultations and tests that are undertaken without any clinical signs or symptoms being present.
- M MEDICALLY NECESSARY:** Possessing an identifiable relationship to either a covered *disability* or symptom(s) of a *disability* which if existing would be covered under the policy.
- A therapeutic service required to prevent permanent damage to life or health where *you* have an *illness* or *injury*; or
 - A diagnostic service to determine whether therapeutic services are necessary, where *you* have active symptoms, the cause of which are unknown, but which are suggestive of an *illness* or *injury*.
- M MEDICINES AND DRUGS:** *Medicines and drugs* for which a *physician's* prescription is required for purchase, and which have been dispensed by a *physician's* office or by a licensed pharmacist after having been prescribed by a *physician*.

- M MENTAL AND NERVOUS CONDITION:** Any condition classified as a mental and *behavioural* disorder in the International Classification of Diseases 10th Revision (2010 version).
- M MINOR DENTAL TREATMENT:** Dental check up; fillings; inlays and onlays; routine tooth cleaning, scaling, and prophylaxis (including when done by an oral hygienist); simple extractions; and application of sealants.
- M MOBILITY AIDS:** Crutches, canes, walkers, manual wheelchairs and non-motorised knee scooters.
- N NAMELIST:** A section of the policy identifying the insured persons covered under this policy.
- N NEONATAL DISABILITY:** A *disability* which existed during the *neonatal period*, and any *disabilities* directly or indirectly arising therefrom or relating thereto. It includes *preterm birth* and any *congenital conditions* which are diagnosed or present symptoms of which medical professionals or parents are aware or reasonably should be aware of during the *neonatal period*.
- N NEONATAL PERIOD:** The period between birth and either the 28th day of life or the 15th day after discharge from *hospital* (dates inclusive), whichever is later.
- N NEWBORN INFANT:** A child under 28 days of age.
- O ORAL HYGIENIST:** A properly qualified employee of a *dentist* who is licensed, if required, by the competent medical authorities of the country in which treatment is provided to render services such as cleaning and anaesthesia, and who is rendering such treatment at the direction of, and under the direct supervision of a *dentist*.
- O ORGAN TRANSPLANTATION:** Transplantation of a cornea, kidney, heart, liver, lung or bone marrow from one human to another.
- P PARENTAL ACCOMMODATION:** A fee for an additional bed in the same room for a parent or legal guardian staying with a dependant child covered under this policy who is admitted as an inpatient in a *hospital* for the treatment of a covered *disability*.
- P PERIOD OF INSURANCE:** The period starting at 00:00 a.m. Vietnam time on the first day shown on the policy cover page and ending at 11:59pm Vietnam time on the last day shown on the policy cover page. If an *insured person* has been added to the policy mid-year, it means the period shown on the *namelist* in respect of that *insured person*. If this policy is renewed, the effective date shown on the renewal endorsement will be first day of the new *period of insurance*.
- P PHYSICIAN:** A doctor of western medicine other than someone related to *you* by blood, marriage or adoption, who is licensed by the competent medical authorities of the country in which treatment is provided, and who in rendering such treatment is practicing within the scope of his or her licensing and training.
- P PHYSIOTHERAPY:** Treatment of a *disability* by physical methods such as manipulation and mobilisation, Transcutaneous Electrical Neural Stimulation, heat treatment, and exercise rather than by drugs or *surgery*. Treatment must be performed by a physiotherapist, other than someone related to *you* by blood, marriage or adoption, acting within the scope and training of the *physiotherapy* discipline and who, if required or permitted to be licensed or registered by the laws of the place where service took place, is licensed or registered in that place.
- P POLICYHOLDER:** The person named in the policy cover page as the *policyholder*.
- P POST-HOSPITALISATION BENEFITS:** *Physician* consultation fees, *diagnostic scans and tests*, *medicines and drugs*, *physiotherapy*, rental of *mobility aids* ordered/prescribed by a *physician* following *confinement* and used as a direct consequence of the *disability* which led to *confinement*.
- P PRE-EXISTING CONDITION:** Any *disability*:
- Which existed before the *period of insurance* and which presented signs or symptoms of which *you* were aware or should reasonably have been aware of; or
 - For which *you* have sought or received treatment, medication, advice or diagnosis in the two (2) years before the *period of insurance*; or
 - Which *you* knew to exist before the *period of insurance* and whether or not *you* sought or received treatment, medication, advice, or diagnosis for it.
- P PRE-HOSPITALISATION BENEFITS:** *Physician* consultation fees, *diagnostic scans and tests*, *medicines and drugs* used as a direct consequence of the *disability* which led to *confinement*.
- P PRETERM BIRTH:** Birth of a living child before 37 weeks of pregnancy are completed.
- P PROFESSIONAL FEES:** Surgeon's fees, anaesthetist fees, dietician fees, general nursing fees, physiotherapist fees, speech therapist fees and attending *physician* fees.
- P PROFESSIONAL SPORT ACTIVITIES:** Any sporting activity that is the main and/or a regular source of income for *you*.
- R REASONABLE AND CUSTOMARY:** An amount comparable to that charged by others of similar professional standing in the same locality, for the same class of *hospital* room, for a person of similar sex and age, for a similar *disability*, without regard to ability to pay or the availability or adequacy of insurance. Where an *insured person* stays in a *hospital* room above the *hospital* room and board level shown on the *benefits schedule*, *reasonable and customary* charges will be limited to comparable charges for the highest class of room for which the *insured person* is covered.
- R RECONSTRUCTIVE SURGERY:** *Surgery* performed to improve the function or appearance of abnormal structures of the body caused by a *disability*.
- R REFERRAL:** A dated, written letter or note from an attending *physician* prior to commencement of treatment identifying *you*, the *disability* to be treated and the reasons for treatment.

- R REHABILITATION CENTRE:** A facility specifically licensed to care for people who have suffered neurological, musculoskeletal, orthopaedic and other serious medical conditions and are not yet able to care for themselves at home. It must be:
- A unit within a *hospital* or a separate facility having accommodation for bed patients;
 - organised to provide an intensive rehabilitation program to inpatients;
 - under supervision of a *physician*; and
 - staffed full-time by nurses working under the supervision of a registered nurse.
- R REHABILITATION TREATMENT:** Treatment following a *disability* upon referral by an attending specialist to restore normal form/near to normal form or function to the body. In addition to room and board and general nursing fees, the following additional costs incurred while admitted to the *rehabilitation centre* will be covered under this benefit:
- occupational therapy fees
 - special treatment room fees
 - speech therapy fees
- Rehabilitation centre* services must be certified by a specialist as *medically necessary*. The factors to be considered in making such certification must include, but are not necessarily limited to,
- The type and severity of the *illness* or *injury*, and the *insured person's* overall state of health and prior treatment history;
 - The amount of therapy expected to be performed every day;
 - The risk of deterioration or non-recovery of function if therapy is not completed; and
 - The extent to which the *insured person* will be able to perform activities of daily living during the rehabilitation period.
- We reserve the right to require re-authorisation of *rehabilitation centre* services at any time upon notice to the insured.
- S SUDDEN ILLNESS OR INJURY:** Either
- a *disability* occurring wholly and exclusively during the first 30 *travel days* of any trip outside *your* area of cover; or
 - a *disability* existing prior a trip outside *your* area of cover which had not required any advice (other than routine follow-up), treatment or any new/changed medication in the 30 days prior to the time *you* commenced *your* journey.
- In the case of an *injury*, the *accident* must occur during the trip in which treatment is obtained. *Sudden illness* or *injury* does not include any *disability* of which symptoms existed prior to the start of the trip and which would have caused a reasonable person to seek medical care, and it does not include pregnancy or *complications of pregnancy*.
- S SURGERY:** Cutting or destruction of tissue performed by a *physician* involving the use of surgical instruments, ultrasound, heat, cold, or radiation. It also includes reduction of broken bones or manipulation of a joint under anaesthesia, when performed by a *physician*.
- S SURGICAL IMPLANTS:** A device or devices which are surgically implanted to form a permanent or long term part of the body but does not include *external prosthesis*.
- T TERMINAL ILLNESS:** An *illness* that is approaching its final stages, will lead to death and for which treatment can no longer be expected to cure.
- T TRAVEL DAYS:** Successive 24-hour periods between the time *you* first arrive at an international border of a country outside *your country of residence*, and the time *you* next arrive at an international border of a country within *your* area of cover.
- U UNITED STATES OF AMERICA (USA):** The United States of America (including its territories and possessions).
- U USUAL COUNTRY OF RESIDENCE:** The country in which the *policyholder* spends the greatest amount of time during the *period of insurance*.
- V VENEREAL DISEASE:** *Illness* classified as an infection with a predominantly sexual mode of transmission in the International Classification of Diseases 10th Revision (2010 version).
- W WAR:** *War*, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
- W WE, US, OUR:** Post-Telecommunication Insurance Joint Stock Corporation (PTI)
- Y YOU, YOUR:** The *policyholder* and/or his or her *dependants* named on the *namelist*.

Underwritten by:

Saigon Post & Telecommunication Insurance Company

Room 3-2, 3/F, Dali Tower
24C Phan Dang Luu Street, Ward 6, Binh Thanh District
Ho Chi Minh City, Vietnam
Tel: (+84) 28 3841 0576 | Fax: (+84) 283 841 0577

Arranged and administered by:

**GlobalHealth Vietnam Company Limited
An APRIL COMPANY**

Unit 201, 2nd Floor, Lafayette Building
8 Phung Khac Khoan Street, Da Kao Ward, District 1
Ho Chi Minh City, Vietnam
Tel: (+84) 28 7307 7984 | Fax: (+84) 28 7307 7987
Email: contact.vn@april.com

