

TERMS AND CONDITIONS

HEALTH REIMBURSEMENT RIDER (VERSION 3)

(In accordance with the Official letter no 13136/BTC-QLBH dated 12/12/2022 by the Ministry of Finance)

This Health Reimbursement Rider Version 3^[1] (hereinafter referred to as “Health Reimbursement Rider”) is attached to the basic products (Universal life and Investment-linked products) to insure for people who have insurable interests with the Policyholder if requested by the Policyholder and accepted by Generali. Participation in this Health Reimbursement Rider is not a determining factor in the approval for the main insurance product.

This Terms and Conditions (“Rider T&C”) is a mutual agreement between Generali and the Policyholder about the Health Reimbursement Rider and is a part of the insurance policy.

In this Rider T&C:

- Terms that are capitalized but not defined shall be referred to the Terms and Conditions of the basic product (“Basic T&C”)
- All the clauses in Basic T&C will be applied to this Rider unless the Rider T&C states otherwise.
- If there is any inconsistency between Rider T&C and Basic T&C, the provisions of Rider T&C shall be priority applied.

^[1] This rider when attaching to the Universal life product (version 2017) shall be referred to as an “Extended insurance benefit”.

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I. INSURANCE BENEFITS

1. Insurance benefits and insurance plans

When participating in this Health Reimbursement Rider, Policyholder will select insurance benefits and the medical plan for each benefits for the Life assureds.

- The inpatient benefit is compulsory
- The medical plan for outpatient, dental and maternity benefits must be lower than or equal to the medical plan of inpatient benefit. The order of medical plans from low to high are: Economy, Standard, Executive, V.I.P, Diamond.

The medical plan and insurance benefit(s) are shown in the Policy schedule or Generali's acceptance note (if any).

1.1. Geographic coverage and annual limit

Unit: VND

	Medical plan				
	Economy	Standard	Executive	V.I.P	Diamond
Inpatient benefit	100 million	300 million	650 million	1.2 billion	5 billion
Outpatient benefit	-	15 million	25 million	50 million	100 million
Dental benefit		5 million	10 million	20 million	40 million
Maternity benefit		20 million	30 million	50 million	100 million
Extra benefit for 3 common CIs (for the inpatient treatment of Cancer, Stroke, and Heart attack)	100 million	300 million	650 million	1.2 billion	5 billion

1.2. Summary of insurance benefits

The Actual medical expenses covered under each insurance benefit will be as follows:

INPATIENT BENEFIT <i>(Details as in Article 4)</i>		
<ul style="list-style-type: none"> ▪ Hospitalization and medical expenses ▪ Organ transplant expenses ▪ Cancer, Stroke, and Heart attack treatment expenses ▪ In-day treatment expenses ▪ Accidental emergency treatment expenses 		
<p>+ Extra benefit for 3 common CIs (for the inpatient treatment of Cancer, Stroke, Heart attack)</p>		
OUTPATIENT BENEFIT <i>(Details as in Article 5)</i>	DENTAL BENEFIT <i>(Details as in Article 6)</i>	MATERNITY BENEFIT <i>(Details as in Article 7)</i>
<ul style="list-style-type: none"> ▪ Expenses of outpatient treatment by Western medicine 	<ul style="list-style-type: none"> ▪ Examination, scrape tartar expenses 	<ul style="list-style-type: none"> ▪ Pre-natal check-up fees ▪ Expenses for delivery and treatment for

<ul style="list-style-type: none"> ▪ Expenses of outpatient treatment by Oriental medicine ▪ Vaccination 	<ul style="list-style-type: none"> ▪ Other dental treatment expenses 	<ul style="list-style-type: none"> pregnancy complications
HEALTH CHECK-UP BENEFIT (Details as in Article 8)		

1.3. Geographic coverage

	Medical plan					
	Economy	Standard	Executive	V.I.P	Diamond	
Inpatient benefit	Vietnam	Vietnam	Worldwide (Excluding US)	Worldwide (Excluding US)	Worldwide	
Outpatient benefit	-					
Dental benefit	-		Vietnam	Vietnam		Vietnam
Maternity benefit	-		Vietnam	Vietnam		Vietnam

2. Participating rules

The Life assureds must be individuals who are residing in Vietnam; be accepted to be insured by Generali; and meet the age requirements as follow:

	Inpatient, outpatient & dental benefits	Maternity benefits (Female only)
Age at the Effective date of each chosen benefit(s).	15 days old – 70 years old	18 years old – 44 years old

The Effective date of the benefit(s) is shown in the Policy schedule or Generali's acceptance note (if any).

3. Claim payment principles

3.1 The medical treatment expenses for the Life assured shall be covered by Generali if the following conditions are met:

- a. Actual medical expenses are Medically necessary and reasonable, under the coverage of the chosen insurance benefits;
- b. Incur i) within the geographic coverage, ii) when the respective insurance benefit is effective, and iii) after the waiting period;
- c. Within the payment limits (the Sub-limits and the Treatment limits) and the Annual limit of each insurance benefit;
- d. Not under any exclusion defined in Article 10;
- e. Have documents submitted fully and timely as defined in Articles 11 & 12 of this Rider T&C.

3.2 Before payment, Generali shall apply the Co-insurance rate of 20% if the Actual medical expenses are under:

- a. Inpatient benefit - Economy plan (if the Co-insurance rate of 20% is chosen)
- b. Outpatient benefit - Standard or Executive plans if the Life assured visit private Medical facilities/Clinics.

c. Maternity benefit - Standard or Executive plans.

3.3 In all cases, the Actual medical expense will be paid under no more than one insurance benefit that the Life assured has chosen.

4. Inpatient benefit

The medical expenses covered under this benefit include:

4.1. Hospitalization and medical expenses

Means the Actual medical expenses when Life assured is hospitalized to receive inpatient treatment. The hospitalization and medical charges will be limited per Treatment as follows:

Unit: VND

	Medical plan				
	Economy	Standard	Executive	V.I.P	Diamond
Limit for each Treatment with Surgery	60 million	180 million	390 million	720 million	Actual medical expenses
Limit for each Treatment without Surgery	30 million	90 million	195 million	360 million	

4.1.1. Daily room and board expenses	Means the Actual medical expenses of room and board for each Hospitalization day, including standard meal at Medical facilities (if any). In case Life assured is hospitalized in a single occupancy room (a hospital room with more than one bed but is registered for one patient), Generali shall pay Daily room and board expenses for one single bed.
4.1.2. Intensive Care Unit expenses	Means the Actual medical expenses for each Hospitalization day in the Intensive Care Unit at Medical facilities as per Doctor's requirement.
4.1.3. Surgery expenses	Means the Actual medical expenses for the Surgery of the Life assured.
4.1.4. Other inpatient treatment expenses	Means the other Actual medical expenses of inpatient treatment for the Life assured to treat for Illnesses, Injuries as per Doctor's requirement and being accepted by Generali.
4.1.5. Pre-hospitalization expenses	Means the Actual medical expenses incurred within 30 days before the admission of the Life assured to treat for Illnesses, Injuries. The treatment must i) be required by the Doctor; and ii) relate directly to the Illnesses, Injuries that require Hospitalization.

4.1.6. Post-hospitalization expenses	Means the Actual medical expenses incurred within 60 days after the discharge of the Life assured to treat for Illnesses, Injuries. The treatment must i) be required by Doctor at the Medical facilities where Life assured hospitalized; and ii) relate directly to the Illnesses, Injuries that require Hospitalization.
4.1.7. Daily companion bed expenses	Means the Actual medical expenses for daily accommodation for 01 person who stays in the Medical facilities to take care of the Life assured.
4.1.8. Home nursing care expenses	Mean the Actual medical expenses when Life assured uses the Home nursing care service within 15 days after being discharged. Home nursing care expenses are only covered when the Life assured has Surgery or is hospitalized in the Intensive Care Unit.
4.1.9. Allowance for hospitalization in State-owned hospitals	Means the fixed allowance that Generali pays for each Hospitalization day at State-owned hospitals. (The Economy plan doesn't have this allowance)
4.1.10. Physical therapy expenses	Means the Actual medical expenses when the Life assured is treated with Physical therapy. In case Life assured is hospitalized with the purpose of physical therapy, rehabilitation, and/or diagnostic tests that do not meet the Medically necessary and reasonable conditions, Generali shall not pay for these expenses.
4.1.11. Emergency transportation expenses	Means the Actual medical expenses when the Life assured is transported to the Medical facility/Clinic or between Medical facilities/Clinics as per Doctor's requirement. Emergency transportation must be conducted by the emergency transportation vehicle belonging to Medical facilities/Clinics or organizations that provide emergency transportation services. Generali shall not pay for emergency air transportation.

4.2. Organ transplant expenses

Means the Actual medical expenses for transplant Surgery (including kidney, heart, liver, lung, bone marrow, or pancreas) for the Life assured (as the organ recipient) as required by Doctor.

Those expenses include:

- a. Daily room and board expenses; and the meal expenses subject to the room standard (not including the single occupancy rooms);
- b. Daily companion bed expenses;
- c. Intensive Care Unit expenses;
- d. Surgery expenses;

- e. Pre-hospitalization expenses (within 30 days before the admission), post-hospitalization expenses (within 60 days after the discharge);
- f. Home nursing care expenses (within 15 days after the discharge);
- g. Other Actual medical expenses.

4.3. Cancer, Stroke, and Heart attack treatment expenses

Means the Actual medical expenses when Life assured receive treatment for Cancer, Stroke, and Heart attack.

The definitions of Cancer, Stroke, Heart attack are specified in Appendix 2.

4.4. In-day treatment expenses

When the Life assured receives in-day treatment in the Medical facilities, Generali shall pay for the following expenses:

4.4.1. In-day Surgery expense	Means the Actual medical expense for in-day Surgery as per Doctor's requirement, including: examination expenses, prescribed medicine, Surgeon fees, cost of anesthesia and expenses for equipment, and tools used during the Surgery.
4.4.2. Dialysis expenses	Means the Actual medical expenses of day-hemodialysis and day-peritoneal dialysis as required by Doctor for the treatment of chronic kidney failure due to Illness. In case Life assured has to Hospitalization for dialysis treatment, the Actual medical expenses incurred shall be paid under Hospitalization and medical charges as specified in Article 4.1.

4.5. Accidental emergency treatment expenses

4.5.1. Emergency accidental treatment expenses for tooth damage	Means the Actual medical expenses when the Life assured: <ul style="list-style-type: none"> (i) Had Accident resulting in Injury of healthy, natural teeth; and (ii) Received dental treatment at Medical facilities/Clinics within 07 days after the Accident. Those expenses include the cost of the examination, diagnosis, hemostasis, tooth extraction, root canal removal, X-ray. Generali shall not pay for expenses relating to dental treatment due to Injury while eating, drinking, teeth brushing or other methods of oral hygiene; and natural teeth erosion.
4.5.2. Emergency accidental treatment expenses for other Injury	Means the actual medical expenses of emergency accidental treatment for Injury at <ul style="list-style-type: none"> (i) Emergency department/room of the Medical facilities; or (ii) Outpatient department of the Medical facilities/Clinics. within 24 hours after the Accident.

4.6. Extra benefit for 3 common CIs

<ul style="list-style-type: none"> ▪ Benefit 	<p>Generali shall grant an extra benefit of 100% Annual limit of the inpatient benefit that the Life assured is participating. This extra benefit shall be used to pay for the Actual medical expenses for inpatient treatment of Cancer, Stroke, Heart attack for the Life assured when the inpatient Annual limit is used up.</p> <p>The payment shall follow the Claim payment principles as specified in Article 3 and the conditions for Cancer, Stroke, and Heart attack treatments as specified in Article 4.3.</p>
<ul style="list-style-type: none"> ▪ Number of times applying the benefit 	<p>The extra benefit shall be granted 1 time during the term of this Health Reimbursement Rider.</p>
<ul style="list-style-type: none"> ▪ Applicable period 	<p>The extra benefit shall be applied starting from the treatment date/the admission date of the Treatment for Cancer, Stroke, and Heart attack that:</p> <ul style="list-style-type: none"> i) Make the total benefit payment exceed the inpatient Annual limit of the current Policy year; or ii) Be the first Treatment after the inpatient Annual limit of the current Policy year has been used up <p>Once applied, the extra benefit will be effective for 36 months from the starting day or until the extra limit is used up, whichever comes first.</p>

Illustration for the Extra benefit for 3 common CIs:

- Life Assured participated in this Health Reimbursement Rider with inpatient benefit, Standard plan.
- The Actual medical expenses and the paid expenses for each Policy year of the Health Reimbursement Rider (“Year”) will be as follow:

Year	Medical expense item	Actual medical expense	Paid expense
1	Cancer treatment Treatment for other illness	200 million VND <u>50 million VND</u> Total: 250 million VND	Total paid benefit = 250 million VND, paying from the Annual limit of inpatient benefit.
2	Recurrence of Cancer – Treatment phase 1 Recurrence of Cancer – Treatment phase 2 Recurrence of Cancer – Treatment phase 3	200 million VND 200 million VND <u>200 million VND</u> Total: 600 million VND	Total paid benefit = 600 million VND, paying from • 300 million VND from the Annual limit of inpatient benefit. • 300 million VND from the Extra benefit for 3 common CIs.

5. Outpatient benefit

(Applicable when the Life assured participates in outpatient benefit)

The medical expenses covered under this benefit include:

5.1. Expenses of outpatient treatment by Western medicine

Means the Actual medical expenses when Life assured has Western outpatient treatment at Medical facilities/Clinics, including:

- a. Examination and test expenses required by Doctor to diagnose Illnesses, Injuries;
- b. Prescription expenses;
- c. Physical therapy expenses;
- d. Medical support expenses such as bandages, plaster splints, plaster cast to treat broken arms, legs or other injuries (excluding other splints, artificial leg and arm and other prosthesis, supporting devices such as sticks and wheelchairs).

5.2. Expenses of outpatient treatment by Oriental medicine

Means the Actual medical expenses when Life assured has Oriental outpatient treatment at Medical facilities/Clinics, including:

- a. Examination and test expenses required by Doctor to diagnose Illnesses, Injuries;
- b. Prescription expenses.

5.3. Vaccination expenses

(Only applicable for the Diamond plan)

Means the Actual medical expenses when Life assured has been vaccinated at Medical facilities/Clinics.

6. Dental benefit

(Applicable when the Life assured participates in dental benefit)

The medical expenses covered under this benefit include:

6.1. Examination, scrape tartar expenses, maximum of 02 times per Policy year

6.2. Other dental treatment expenses, including:

- a. Examination and test expenses as required by Dentist for Illnesses, Injuries diagnosis;
- b. Expenses of gingivitis treatment, periodontitis treatment, root canal removal, decay tooth extraction, wisdom tooth extraction due to complications;
- c. Expenses of dental inlays and fillings made of amalgam, composite, GIC, porcelain, common metal materials (excluding rare and precious materials such as gold, silver, platinum, platin, palladium);
- d. Expenses of cutting hard tissue tumors or teeth, stubs.

7. Maternity benefit

(Applicable when the Life assured participates in maternity benefit)

The medical expenses covered under this benefit include:

7.1. Pre-natal check-up fees

Means the Actual medical expenses for routine antenatal care including examination, regular urine test, basic blood test, immunization, and pregnancy ultrasound as required by Doctor.

7.2. Expenses for delivery and treatment for pregnancy complications

Means the Actual medical expenses when Life assured give birth or receive treatments for pregnancy complications, including:

7.2.1. Daily room and board expenses	<p>Means the Actual medical expenses of room and board for each Hospitalization day, including standard meal at Medical facilities (if any).</p> <p>In case Life assured is hospitalized in a single occupancy room (a hospital room with more than one bed but is registered for one patient), Generali shall pay Daily room and board expenses for one single bed.</p>
7.2.2. Intensive Care Unit expenses	<p>Means the Actual medical expenses for each Hospitalization day in the Intensive Care Unit of Medical facilities as per Doctor's requirement.</p>
7.2.3. Other maternity care expenses	<p>Means the Actual medical expenses for:</p> <ul style="list-style-type: none"> i) Natural childbirth, including childbirth expenses, Doctor fees, and other expenses that are Medically necessary and reasonable and accepted by Generali. ii) Treatments of pregnancy complications and cesarean for the Life assured as per the Doctor's requirement. iii) Abortion as per Doctor's requirement. Generali shall not pay for abortion expenses as per Life assured's request. iv) Postnatal examination and medicine as prescribed by Doctor: 01 re-examination within 45 days from the date of delivery or pregnancy complication. v) Pediatric care: inpatient treatments due to the newborn's Illness as required by Doctor within 14 days of birth (not requiring Life assured to be hospitalized). Generali shall not pay for expenses relating to congenital malformation and other expenses including infant medication, newborn screening tests, immunizations, and baby hygiene.

8. Health check-up benefit

Generali shall pay for the Actual medical expenses of 01 health check-up of the Life assured in the 2nd Policy year of this Health Reimbursement Rider if there has been no insurance event of this Health Reimbursement Rider incurring in the 1st Policy year of this Health Reimbursement Rider approved. The maximum amount paid is defined as in the below table:

Unit: VND

Medical plan of the inpatient benefit					
	Economy	Standard	Executive	V.I.P	Diamond
Maximum amount paid	(*)	1.5 million	2.5 million	3.5 million	7 million

(*) The Economy plan doesn't have this benefit.

This health check-up benefit will be paid independently and won't impact on other benefits of this Health Reimbursement Rider.

In case Generali had paid for the health check-up benefit but there has been insurance event incurring in the 1st Policy year of this Health Reimbursement Rider approved:

- (i) Policyholder shall return to Generali the paid amount for the health check-up benefit; or
- (ii) Generali shall deduct this amount from any benefit to be paid of the Policy.

If Life assured is eligible to receive this benefit but does not do the health check-up in the 2nd Policy year of this Health Reimbursement Rider, this health check-up benefit shall automatically expire on the 2nd Policy anniversary day of this Health Reimbursement Rider.

9. Waiting period

Means the period of time when insurance event(s) occurs shall not be paid by Generali.

The waiting period shall be counted from i) Effective date of each insurance benefit; or ii) The latest Policy reinstatement date, whichever comes later.

9.1. Waiting period for each insurance benefit:

Insurance benefit	Waiting period
Inpatient benefit; Outpatient benefit	Accidental treatment: not apply Waiting period
	Illness treatment: 30 days
	Treatment for Illnesses described in List 1: 90 days
Dental benefit	30 days
Maternity benefit	270 days

List 1: Illnesses with 90-day Waiting period

1. Hypertension, cardiovascular diseases;	6. Cataracts, glaucoma;
2. Diabetes, hyperthyroidism, hypothyroidism, Cushing syndromes;	7. Migraine headache, Parkinson;
3. Tuberculosis, chronic lung/bronchial disease, asthma;	8. Joint, spine, and disc diseases;
4. Otolaryngology requiring Surgery, chronic sinus disease, nasal cavity abnormalities, septum, nasal twist;	9. Hernia of all kinds;
5. Cancers, tumors, lumps, polyps, cysts, fibroids of all kinds;	10. Stones of the liver and biliary tract, cirrhosis, hepatitis, cholecystitis, chronic pancreatitis, inflammation or ulceration of the stomach/duodenum/colon, anal fistula, hemorrhoids;
	11. Chronic kidney disease, urinary stones
	12. Endometriosis, genitourinary system diseases.

9.2. Waiting period when changing the medical plan(s) of insurance benefit(s) with Annual limits from low to high:

- a. For insurance events incurring within Waiting period: consider to pay according to the previous Annual limit.
- b. For insurance events incurring after the Waiting period has ended: consider to pay according to the new Annual limit.

10. Exclusions

Generali shall not pay insurance benefit under the following circumstances and/or due to the following reasons:

- a. Life assured suicide, attempted suicide, or self-injury in a state of alertness or insanity;
- b. Having drug overdose, using any medicine which was not prescribed by Doctor, using any narcotic drugs illegally,;
- c. Any mental, psychotic, psychiatric disorders of any kind, neurasthenia, stress; insomnia, dyspnea (including sleep apnea and snoring);
- d. Examination and treatment related to maternity care (except the cases that Life assured participates in the maternity benefit as specified in Article 7);
- e. Medical examination or treatment relating to reproductive health such as infertility, contraception, sterilization, and their related complications;
- f. Any costs related to donation, acquisition, purchase, transportation, preservation of organs for organs transplant;
- g. Optical examination; hearing examination; natural refractive error of eye including myopia; presbyopia; astigmatism and any surgery for correction of degenerative hearing and eye vision, excluding Surgery due to Accidents;
- h. Prosthetic appliances, special braces, hearing aids, or other same functional devices, excluding appliances and devices that need to be implanted in the body to maintain life;
- i. Dental examination, care, or treatment (except Accidental dental treatment as specified in Article 4.5.1 and the cases that Life assured participates in the dental benefit as specified in Article 6);
- j. Any treatments due to Pre-existing conditions, except the Pre-existing conditions which have been fully, truly declared in application documents and accepted by Generali;
- k. Driving a vehicle with such alcohol content in the blood or breath that is prohibited by law;
- l. Any defects and diseases due to congenital or genetic anomalies;
- m. HIV infection, Acquired immunodeficiency syndrome (AIDS) (except for HIV infection while on duty at work as a health worker or police); sexually transmitted diseases;
- n. Cosmetic surgery, plastic surgery, sexual reassignment surgery, cosmetic treatment, and the related complication (except the Surgery in case of Injury due to Accident for the purpose of reconstructing the musculoskeletal function of Life Assured as prescribed by the Doctor);

- o. Any costs of cosmetic products, nutritional food, tonic, vitamin, mineral, or substances for supplementary nutrition or diet;
- p. Any treatment of developmental abnormalities such as learning difficulties, attention deficiency/hyperactivity disorder, autism, behavioral problems, and problems relating to physical, language development, and speech therapy;
- q. Any treatment due to exposure to nuclear energy, ionizing radiation or radioactive contamination of any kind (except for the cases that Life assured is exposed to radiation as a result of using radiation therapy for Cancer treatment);
- r. Participate in risky stunt activities, professional sports activities, adventurous activities, and dangerous activities such as horse racing, racing, skiing, skating, climbing, diving, jumping bungee (a risky activity of jumping from a fixed point on high, the jumper's legs are held by an elastic rope), participating in aerial flights (such as paragliding, hot air ballooning, skydiving, ...) except as a passenger on a scheduled (civil) flight;
- s. A criminal act committed by Life Assured and/or Beneficiary(ies) and/or Policyholder. In the case of multiple Beneficiaries, if only one or some of the Beneficiaries commits a crime, Generali shall pay the remaining Beneficiary(s) the portional benefits according to the appointed beneficiary ratio.

FOR REFERENCE ONLY

II. CLAIM SETTLEMENT PROCEDURE

11. Documents to request for claim settlement

In order to claim benefits, the person entitled to receive benefits needs to provide Generali with the following documents:

(1) Claim form (template provided by Generali) which is declared sufficiently and accurately;	
(2) Identity card/Citizen identity card/Passport valid for use of the Beneficiary	
(3) Evidences of insurance event	<ul style="list-style-type: none"> ▪ Examination records, including medical examination card, medical examination book, test indication, test result, treatment indication, prescription (with full diagnosis, name, and signature of Doctor, seals of Medical facilities/Clinics where the Life assured received examination and treatment); and ▪ The following documents, depending on the circumstances: <ul style="list-style-type: none"> In case of inpatient treatment: Discharge note, medical report (with complete information on diagnosis and treatment indications); In case of Surgery: Surgery certificate; In case the insurance event occurred due to an Accident: Accident record, field examination record, investigation conclusions of competent agencies (if any), accident report; In the case of Home nursing care: Indication of Home nursing care required by the Doctor in charge of the treatment.
(4) Hospital expenses payment records	<ul style="list-style-type: none"> ▪ Invoice/e-invoice; ▪ Receipt/medical examination and treatment bill; ▪ Detailed list of expenses incurred. <p>These documents must be valid, full of information in accordance with the law, and clearly state the information of Life assured, Medical facilities/Clinics where Life assured receives treatment.</p>
(5) Evidence of the right to receive the insurance benefit	Documents proving the relationship with the Policyholder/Life assured, inheritance agreement, will, and documents to appoint the representative(s) to receive Insurance benefit.

Note:

- Generali reserves the right to request and keep the original document as specified in sections (3) and (4).
- In case Life assured has treatment outside of Vietnamese territory and the documents are in foreign languages, Generali reserves the right to request Beneficiary to

- Authenticate the documents specified in sections (3) and (4) into English or Vietnamese;
- Authenticate and consular legalization of the documents specified in sections (5) in English or Vietnamese.

The expenses of providing these documents shall be paid by the person entitled to receive benefits.

- In case the Life Assured is enrolled in another insurance plan (including state health insurance) and has been paid a part of the insurance benefits, then requests Generali to pay the remaining: the person entitled to receive benefits may submit to Generali the copies of medical documents and invoices with the confirmation of the other insurance company about the claim payment information related to the benefit and the amount paid.
- In case of dispute, Generali shall reserve the right to request medical examination for Life assured at assessment agencies/by assessors appointed or accepted by Generali, the cost of medical examination shall be paid by Generali. Medical examination results (in Vietnamese) are the basis for Generali to consider and settle the insurance benefit.

12. Time limit for claim submission and settlement

Time limit for claim request	Time limit for Generali to proceed claim request
<ul style="list-style-type: none"> ▪ 12 months from the time i) Life assured discharges from inpatient treatment, or ii) date of examination/treatment according to each respective benefit. ▪ Time limit for requesting claim submission does not include the time of the occurrence of a force majeure event or an objective obstacle in accordance with the law. 	<ul style="list-style-type: none"> ▪ 30 days from the date of receipt of complete and valid documents, for claim settlement. ▪ If Generali pays claims over the above time limit, Generali will pay additional interest calculated on the amount of late payment corresponding to the overdue time.

Note:

- Interest is calculated based on the interest rate that Generali is applying for cash advances from insurance policies (published on Generali's corporate website from time to time).
- Policyholder/Life assured can use the Direct billing service. The information about i) Insurance benefits that can apply Direct billing, ii) List of Medical Facilities/Clinics under Generali's Direct billing system, and iii) Direct billing procedure shall be updated on the Generali corporate website from time to time (Refer to link: <https://generalivn.vn/bao-hiem-ca-nhan/lien-he/ho-tro/danh-sach-dia-diem>).

III. OTHER PROVISIONS

13. Premium and Fees & Charges

13.1. Premium

- a. Premium in the first Policy year of this Health Reimbursement Rider is stated in the Policy schedule or Generali's acceptance note (if any).
- b. Premiums in Policy years afterward might be changed according to the attained Age of the Life assured on the Policy Anniversary Date.
- c. Generali can change the premium, insurance benefit, coverage, and insurance conditions of this Health Reimbursement Rider with the approval of the Ministry of Finance. Generali shall inform the Policyholder via written notice at least 90 days before the change takes effect.

This change will automatically take effect on the next Policy Anniversary Date of this Health Reimbursement Rider after the notice from Generali unless the Policyholder gives Generali written notice about the refusal to accept the change before it takes effect.

13.2. Allocation charge

Allocation charge is determined as % of the Premium of each participating insurance benefit for each Premium year. Details are as below:

Premium year	1	2	3	4	5+
Allocation charge	60%	45%	15%	5%	0%

13.3. Cost of Insurance Charge ("COI")

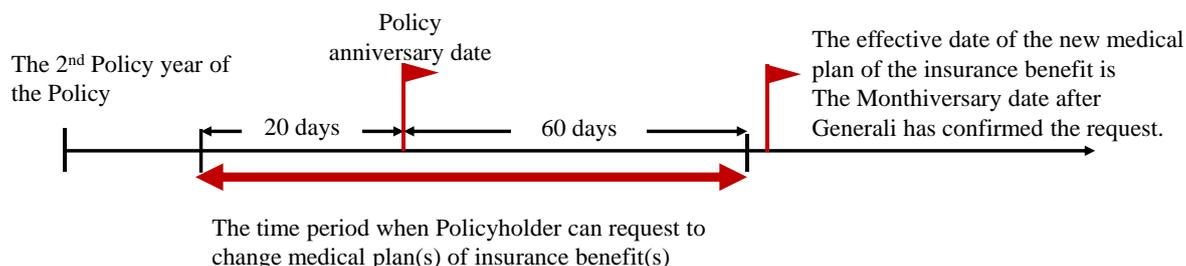
COI is the cost related to ensuring payment of protection benefits as committed in this Terms and Conditions.

The COI Rate used to calculate the Cost of Insurance Charge varies with the Age, gender, health status, and occupation of the Life Assured.

14. Alterations related to insurance benefit

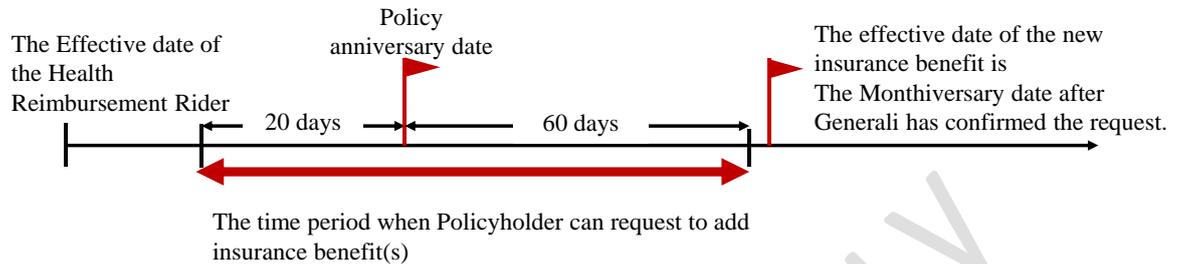
14.1. Change medical plan of insurance benefit

During the effective period of the insurance benefit, from the 2nd Policy year of this Health Reimbursement Rider, the Policyholder may request to change the medical plan(s) of the participating insurance benefit(s) by sending a written request (in the official template) to Generali in the following time period:



14.2. Add new insurance benefits

During the effective period of this Health Reimbursement Rider, the Policyholder may request to add new insurance benefit(s) by sending a written request (in the official template) to Generali in the following time period:



14.3. Those above change requests will be considered when all the following conditions are met

- The Policyholder has fully paid all the Premium of the Policy up to the requesting time; and
- Consistent with the principles of participation in outpatient, dental, and maternity benefits specified in Article 1; and
- The Life assured still meets Generali's Age and underwriting conditions.

In proceeding with those requests, Generali might:

- approve the request; or
- approve the request with additional conditions such as increasing Premium (applying loading), Cost of insurance, or applying exclusion; or
- reject the request.

Upon the changes as specified in Article 14, the Premium and the COI shall be adjusted accordingly. The waiting period shall be applied as specified in Article 9.

15. Coverage term

The coverage term shall be 85 minus the entry Age of the Life assured at the time of joining this Health Reimbursement Rider.

For maternity benefit, the coverage term shall not exceed the Policy anniversary date right after the Life assured attains Age 50.

Under all circumstances, the coverage term for all benefits shall not exceed the Policy term.

The detailed coverage term(s) are shown on the Policy schedule or Generali's acceptance note (if any).

16. Violations and treatments

Scenario 1: Generali has evidence of Insurance Fraud conducted by the Policyholder and/or the Life Assured against this Health Reimbursement Rider, Generali shall not pay the insurance benefits. If the insurance benefits have been paid before Generali has evidence of Insurance Fraud, Generali will deduct the paid benefit of this Health Reimbursement Rider before paying other benefits of the Policy to which this Health Reimbursement Rider is attached.

Scenario 2: The Policyholder and/or Life Assured fails to fully and accurately declare such information about Life Assured's health condition that, should Generali know the information before, we would have:

	Treatment	Generali's refund
Not accepted to insure	Generali shall not pay insurance benefits and shall terminate this Health Reimbursement Rider	The Allocation charge and the Cost of insurance charge deducted from this Health Reimbursement Rider, after deducting the total insurance benefit(s) having been paid for this Health Reimbursement Rider (if any).
Accepted to insure but with a loading premium	Generali shall keep this Health Reimbursement Rider in-forced. If the Insured events happened, Generali shall pay the insurance benefits according to this Terms and Conditions, after deducting the additional Premiums due.	No refund
Applied additional exclusions	Generali shall keep this Health Reimbursement Rider in-forced. If the Insured events are under the additional exclusions, Generali shall not pay the insurance benefits.	No refund

17. Terminations

The insurance benefit(s) of this Health Reimbursement Rider shall be terminated under the following circumstances, whichever occurs first:

- (i) At the end of coverage term(s);
- (ii) Life assured dies;
- (iii) At the end of the Policy term according to Basic T&C;
- (iv) Policyholder sends written request to terminate this Health Reimbursement Rider or terminate insurance benefit(s). The Health Reimbursement Rider or the insurance benefit(s) shall be terminated at the Monthiversary date after Generali has confirmed the request.

The termination request for inpatient benefit shall be considered as the termination request for this Health Reimbursement Rider.

- (v) Generali decides to terminate Health Reimbursement Rider according to circumstances in Article 16;

APPENDIX 1 – TABLE OF DETAILED INSURANCE BENEFIT

1) INPATIENT BENEFIT

Unit: VND

	Medical plan				
	Economy	Standard	Executive	V.I.P	Diamond
Geographical coverage	Vietnam	Vietnam	Worldwide (exclude the USA)	Worldwide (exclude the USA)	Worldwide
Annual limit of inpatient benefit	100 million	300 million	650 million	1,2 billion	5 billion
Extra coverage for 3 common CIs (for inpatient treatment of Stroke, Heart attack, and Cancer)	100 million	300 million	650 million	1,2 billion	5 billion
Co-insurance	0% or 20%	0%	0%	0%	0%
Coverage scope	Sub-limit				
Hospital fees and medical expenses					
Limit per Treatment with Surgery	60 million	180 million	390 million	720 million	Actual medical expenses
Limit per Treatment without Surgery	30 million	90 million	195 million	360 million	
1. Daily room and board/ Hospitalization day – Local treatment	500 thousand	1,5 million	3 million	6 million	12 million
Daily room and board/ Hospitalization day – Overseas treatment	-		3 million	6 million	Actual medical expenses (maximum 100 Hospitalization day / Policy year)
2. Intensive Care Unit expenses (maximum of 100 Hospitalization day/Policy year)	Actual medical expenses				
3. Surgery expenses					
4. Other inpatient treatment expenses					
5. Pre-hospitalization expenses (within 30 days before Hospitalization)					
6. Post-hospitalization expenses (within 60 days after discharge)					
7. Companion expenses/day (maximum of 30 days/Policy year)	500 thousand	1,5 million	3 million	6 million	12 million

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8. Home nursing care expenses (maximum 30 days/Policy year)	100 thousand	250 thousand	500 thousand	1 million	2 million
9. Allowance for hospitalization in State-owned hospitals/ Hospitalization day (maximum 30 Hospitalization day/Policy year)	-	150 thousand	500 thousand	1 million	2 million
10. Physical therapy/Policy year	1 million	3 million	5 million	10 million	20 million
11. Emergency transport/Policy year	1 million	2,5 million	5 million	Actual medical expenses	Actual medical expenses
Organ transplant (kidney, heart, liver, lung, pancreas, bone marrow)					
1. Medical expenses for Life Assured (organ recipient)	Actual medical expenses				
2. Medical expenses for Donor /Policy year	50 million	150 million	325 million	600 million	2,5 billion
Cancer, Stroke, and Heart attack treatment expenses	Actual medical expenses				
In-day treatment					
1. In-day treatment	Actual medical expenses				
2. Kidney Dialysis	15 million	30 million	45 million	60 million	150 million
Emergency accidental treatment/Accident	1,5 million	5 million	7,5 million	Actual medical expenses	Actual medical expenses

2) OUTPATIENT BENEFIT

Unit: VND

	Medical plan				
	Economy	Standard	Executive	V.I.P	Diamond
Geographical coverage		Vietnam	Worldwide (exclude the USA)	Worldwide (exclude the USA)	Worldwide
Annual limit of outpatient benefit		15 million	25 million	50 million	100 million
Co-insurance rate of Life assured when visiting private Medical facilities/Clinics		20%	20%	0%	0%
Coverage scope		Sub-limit			
1. Outpatient treatment expenses for Western medicine/visit		1,5 million	3 million	6 million	12 million
2. Outpatient treatment expenses for Oriental medicine/visit		750 thousand	1,5 million	3 million	6 million
3. Vaccination/Policy year		-			2 million

3) DENTAL BENEFIT

Unit: VND

	Medical plan				
	Economy	Standard	Executive	V.I.P	Diamond
Geographical coverage	-	Vietnam	Worldwide (exclude the USA)	Worldwide (exclude the USA)	Worldwide
Annual limit of dental benefit		5 million	10 million	20 million	40 million
Coverage scope		Sub-limit			
1. Examination, scrape tartar expenses/visit (maximum 02 visits/Policy year)		500 thousand	1 million	2 million	4 million
2. Other dental examination and treatment expenses		Actual medical expenses			

4) MATERNITY BENEFIT

Unit: VND

	Medical plan				
	Economy	Standard	Executive	V.I.P	Diamond
Geographical coverage	-	Vietnam	Vietnam	Vietnam	Worldwide
Annual limit of maternity benefit		20 million	30 million	50 million	100 million
Co-insurance		20%	20%	0%	0%
Coverage scope		Sub-limit			
Pre-natal check-up/Policy year		1,5 million	1,5 million	2,5 million	5 million
Hospital expenses for childbirth or treatment of pregnancy complications					
1. Daily room and board/ Hospitalization day – Local treatment		1,5 million	3 million	6 million	12 million
Daily room and board/ Hospitalization day – Overseas treatment		-			Actual medical expenses (maximum 100 Hospitaliza tion days/ Policy year)
2. Intensive Care Unit expenses (maximum of 100 Hospitalization days/Policy year)	Actual medical expenses				

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3. Other maternity care expenses		Actual medical expenses
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APPENDIX 2: DEFINITION

Doctor	<p>Means the people who have doctorate qualification licensed by competent authorities to conduct legal medical practice within the scope of specialized training and the scope of the license according to the laws of the country where they conduct the medical practice. Doctor shall not be:</p> <ul style="list-style-type: none">▪ Policyholder, Life assured, Beneficiary; or▪ Spouses, children, siblings, parents, grandparents, grandchildren, stepfather, stepmother of Policyholder, Life assured or Beneficiary.
Direct billing	<p>Means that Generali approves to directly pay a partial or total amount of the Actual medical expenses to Medical facilities/Clinics in accordance with this Rider T&C in case the Life assured has Illness treatment at Medical facilities/Clinics in Generali direct billing system.</p>
Illness	<p>The illness must require diagnosis and treatment by a Doctor, and result directly and independently of all other causes, affect to health and lead to the treatment received by Life assured.</p> <p>Illness must occur while this Health Reimbursement Rider is in-forced.</p>
State-owned hospitals	<p>Means the Medical facilities which are established and solely owned by Vietnamese government and managed by competent authorities in accordance with Vietnamese laws.</p>
Medically necessary and reasonable	<p>Means the examination, treatment, and medical care service (not including health check-up or illness screening) that meet the following requirements:</p> <ul style="list-style-type: none">▪ being performed at Medical facilities/Clinics; and▪ being suitable with the usual medical diagnosis and treatment for Illness or Injury per visit/Treatment; and▪ having reasonable Treatment days and expenses which are suitable with the usual medical treatment for that Illness, Injury.
Medical facilities	<p>Means the organization legally established and operating under the laws of the country/territory where it is located and had a license to operate (if the issuance of the license is required by the laws of the country/territory). The organisation is not a sanatorium, convalescent home, nursing home for the elderly, alcoholic and drug addicts or a similar organization and meets the following requirements:</p> <ul style="list-style-type: none">▪ being established to access, care, examine and provide medical treatment to people suffering from illnesses, diseases or injuries;▪ having adequate capacity and facilities to perform medical surgery;▪ having adequate conditions for inpatient treatments and patient monitoring.

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<p>Home nursing care</p>	<p>Means the home nursing care service for the Life Assured provided by a Medical Facility/Clinic.</p> <p>The home nursing care service under this definition must be performed as per the requirement of the Doctor who treated the Life Assured during the previous Hospitalization.</p> <p>The Doctor's indication must be Medically necessary and reasonable.</p>
<p>Actual medical expenses</p>	<p>Means the reasonable and customary medical expenses incurring from treatment for Illnesses, Injuries of Life assured at Medical facilities/Clinics.</p> <p>These expenses shall not include medical services, expenses for convenience of Life assured and Doctor.</p>
<p>Stroke</p>	<p>Stroke is a condition in which cerebral vascular damage occurs suddenly (including cerebral infarction, intracranial hemorrhage, and cerebral embolism). To be defined as a Stroke, all of the following conditions must be met:</p> <ul style="list-style-type: none"> ▪ Cerebral vascular lesions identified by imaging findings such as computed tomography (CT scan) or magnetic resonance imaging (MRI); ▪ Symptoms persist for more than 24 hours; ▪ Affects the movement, sensory, or speech ability of the Life assured. <p>The following situations will not be covered:</p> <ul style="list-style-type: none"> ▪ Transient ischemic attack; ▪ Brain symptoms from migraine headaches; ▪ Brain damage due to trauma or lack of oxygen to the brain; ▪ Ischemic disease that damages the eye, optic nerve, or vestibular system
<p>Treatment</p>	<p>Means a period from the time Life assured is admitted to be hospitalized at Medical facilities to the time that person is discharged. The discharge note is the proof to determine the end of a Treatment.</p>
<p>Sub-limit</p>	<p>Means the maximum amount that Generali pays for each coverage scope as specified in Appendix 1 and as shown in the Policy schedule or Generali's acceptance note (if any).</p>
<p>Annual limit</p>	<p>Means the maximum amount that Generali pays for each insurance benefit in each Policy year of this Health Reimbursement Rider.</p> <p>The annual limits of inpatient, outpatient, dental, and maternity benefits are specified in Appendix 1 - Table of detailed insurance benefits and shown in the Policy schedule or Generali's acceptance note (if any).</p>
<p>Insurance fraud</p>	<p>Means the actions of the Policyholder/Life Assured</p> <p>a) Forge documents, intentionally falsify information in the Claim requests; or</p>

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	b) Cause damage to the health and life of the Life assured to receive the insurance benefits.
Premium year	Means 12 consecutive months that the Policyholder pays the full premium for each insurance benefit of this Health Reimbursement Rider.
Hospitalization	Means the situation in which Life assured is hospitalized for at least 12 consecutive hours of inpatient treatment for an Illness or Injury at a Medical facility designated by a Doctor as Medically necessary and reasonable.
Hospitalization day	To be counted as 01 Hospitalization day, Life assured must be hospitalized for at least 12 hours or overnight that incur Daily room and board expenses in accordance with the regulation of the Medical facility.
Life assured	Means the individuals who are residing in Vietnam; be accepted to be insured by Generali and satisfy the Age obligation according to Article 2 of this Health Reimbursement Rider
Heart attack (Myocardial infarction)	<p>Means the condition in which part of the heart muscle dies due to an interruption in the blood supply.</p> <p>This condition is defined by acute myocardial infarction, diagnosed by a Cardiologist, and in the presence of the following criteria:</p> <ul style="list-style-type: none"> ▪ Electrocardiogram confirming recent myocardial necrosis; or ▪ Increased cardiac enzymes or increased Troponins: Troponin T > 1.0 ng/ml, or other equivalent methods to measure Troponin. <p>The following situations will not be covered:</p> <ul style="list-style-type: none"> ▪ Angina pain; ▪ Other acute coronary syndromes.
Surgery	Means the anatomical process performed by the Surgeon in the Surgery room of Medical facilities to treat Illness/Injury, excluding surgeries performed in the emergency room, minor surgery room, or with a local anesthetic method.
Intensive Care Unit	<p>Means a unit of Medical facilities and meets the following requirements:</p> <ul style="list-style-type: none"> ▪ being established to provide intensive care and treatment; and ▪ being reserved for patients with such critical conditions that vital functions are threatened and require continuous monitoring and examining from Doctor; and ▪ being equipped with equipment, drugs and other means necessary to save the patient's life; and ▪ not the post-operating room, emergency recovery room, Intensive Care Unit belonging to examination and treatment department or emergency room.

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Clinic	Means a department of Medical facilities or examination and treatment facilities that are established and operate in accordance with the laws of the country/territory where it is located; with the main purpose to provide consultant, examination, and outpatient treatment.
Accident	Mean an event or a series of continuous, objective events, occurring by the impact of a force, an unexpected object from the outside, inactive and unintended on Life assured's body when the insurance benefit is in-forced. The above event or series of events is a single, direct reason and not related to any other causes, leading to visible injury and/or death of Life assured within 180 days after the date the event or series of events occurs.
Critical condition	<p>Mean a sudden change in the health condition of Life assured which, according to Doctor's opinion, requires urgent medical or surgical treatment to avoid death or to avoid serious impact on the current and long-term health condition.</p> <p>In addition, the Critical condition shall be assessed based on the circumstances at which the insurance event occurs, the nature of the emergency medical treatment, and the ability to provide emergency services at the place where the insurance event occurs.</p>
Pre-existing medical condition	<p>Means:</p> <ul style="list-style-type: none"> ▪ Abnormal symptoms and signs of the Life assured's health condition occur within 12 months prior to the effective date of the insurance benefit(s) or the nearest Policy reinstatement date, whichever comes later. If these symptoms or signs had been known, Generali would have: i) not accepted to insure, or ii) accepted to insure but with loading premium, or iii) applied exclusion, or iv) not accepted to reinstate this Health Reimbursement Rider; or ▪ Illnesses or Injuries of Life assured which are examined, tested, consulted, diagnosed, or treated before the Policy effective date or the closest Policy reinstatement date, whichever comes later. <p>The Abnormal symptoms and signs of the health condition or the illness/injury records stored in medical facilities, medical files, or declaration of Life assured/Policyholder shall be considered as full and legal evidence of Pre-existing medical conditions.</p>
Co-insurance rate	<p>Means a percentage of Actual medical expenses that shall be borne by Policyholder or Life assured according to this Rider T&C.</p> <p>The Co-insurance rate is shown in the Policy schedule or Generali's acceptance note (if any).</p>
Injury	Means Life assured's body damage which is caused by a single direct reason by Accident and not related to any other causes. These injuries must occur while this Health Reimbursement Rider is in-forced and require the treatment as per Doctor's requirement.

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Cancer	Cancer is the widespread and uncontrolled growth of malignant cells, which invades and destroys normal tissues, and requires treatments including: Surgery, chemotherapy, radiotherapy, immunotherapy, hormonal therapy, targeted therapy, and stem cell therapy. The cancer diagnosis must be confirmed by the results of a histopathological examination performed by an Oncologist or Pathologist.
Physical therapy	Means the use of physical treatment according to the list defined by the Ministry of Health to treat pain, restore muscle function or normal daily activities of the Life assured as prescribed by the Doctor. Physical therapy is not beautification, relaxation, gait correction, or the like.

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