

COMPREHENSIVE HEALTHCARE INSURANCE – MEDISHIELD



PROGRAM SUMMARY

- Help carry your burden when you have hospitalized or get out-patient treatment following accident or illness
- Flexible choices of out-patient, dental to fit their needs and financial situation.
- Medical expenses due to both accident and illness are covered in the core program and out-patient section.
- Cover for special diseases right in the first joining year (list of special diseases is quite limited)
- Not applied co-insurance for in-patient, surgery, out-patient...
- Providing cover for children from 6 years-old to under 18 years old if buying insurance with his/her father and/or mother.

ELIGIBILITY OF INSURED PERSON

- From 6 to 65 years old (renew to 72 years old provided that insured person buying UIC insurance since 65 years old)
- Not suffer from mental illness, leprosy, DOWN syndrome
- Not suffer from 50% disability onwards
- Not being treated for illness/disease/ accident. Not being hospitalized.
- Not suffer from special diseases as specified in Medishield wording

WAITING PERIODS

	Day(s)
◆ Normal diseases, dental (medical expenses)	30
◆ Special diseases (in-patient medical expenses)	180
◆ Pre-existing diseases (medical expenses) Special diseases (out-patient medical expenses)	365
◆ Death due to all types of disease	365

Some important definitions

SPECIAL DISEASE DEFINITION

Shall include polyp, tumor, neoplasm, cancer of all types; cardio-vascular diseases, blood pressure; inflammation or ulcers at stomach, large intestine, duodenum; intestine ulcers; hepatitis of all types; interstitial hepatitis; hemorrhoids; stones in the urinary and biliary systems; cataracts at people below 50 years of age; Parkinson; lupus rash; diabetes; chronic obstructive pulmonary disease (COPD); diseases of the hematopoietic system (exchange transfusion, hemodialysis; kidney dialysis, bone marrow failure, acute leukemia, chronic leukemia), autoimmune diseases and metabolic disorders.

PRE-EXISTING DISEASE DEFINITION

Shall mean any disease or disabilities that existed before the insurance inception date or the insurance updated date, whichever is later and:

- a. The Insured Person has been diagnosed or received treatment for the last three years, or for this disease/disability the Insured has received subscription, treatment, panel consultation, or:
- b. The Policyholder/The Insured should have been aware of the disease/disability, according to the view of an independent physicians, or
- c. The Insured had symptoms of the disease/disability on or before the insurance inception date whether or not the Insured received consultation from physicians, the Insured was reasonably aware, or the Insured received examination or treatment.
- d. The following Disabilities when occurring during the first year of insurance shall be considered as pre-existing diseases/disabilities in all cases and regardless of any causes: sinusitis, asthma, tonsillitis requiring tonsillectomy, VA inflammation requiring adenoidectomy, nasal septum deviation requiring a surgery, vestibular disorders, otitis media/interna requiring a surgery, physical degeneration of all kinds, polyarthritis of all kinds, conditions with stones or calcification, any diseases on joints, spinal disks, spine, vertebrae (herniated, thinning, bulging, slipped, osteophyte, valgus, deviated, degenerated, ...)
- e. Existing disability shall be manifested through signs, symptoms, conclusions of the physicians, or any evidence from medical facilities or from medical authorities.

NOTES

- Do not cover for unknown- reason- death
- Do not cover for ligaments surgery expenses occurred in the first year policy for all reasons regardless accident or surgery
- Anesthesia abortion and day-patient endoscopic pay under outpatient limit
- Do not cover for all laboratory tests related to flu, fever with normal result
- Do not cover for any medical expenses related to accident that occurred prior to the policy effective date

- Do not cover for special diseases diagnosed before or on the effective date of the policy. UIC only covers special diseases diagnosed after the effective date of the policy.
- Surgery does not include procedure and minor surgery, do not cover surgical/treatment equipment in the attached list.

DISCOUNT/GROUP DISCOUNT

According to the “Memo” of UIC - valid for a certain period of time

REGISTRATION PROCEDURES

Step	Description
1	Policy holder fills in the insurance application form, after scanning/ photocopying clearly together with personal documents (ID cards of parent(s) + birth certificate of the child), then send to UIC/agent
2	After receiving information of the Policy holder, UIC shall arrange scanned insurance certificates to verify the insurance effectiveness
3	<p>UIC Customers then wire/pay the premiums to UIC account:</p> <ul style="list-style-type: none"> ◆ Account number : 001 100 002 8058 ◆ Receiver: Cong ty Bao hiem lien hiệp ◆ Address: Ngân hàng TMCP Ngoại thương Việt Nam (VCB) - 31 - 33 Ngô Quyền, Quận Hoàn Kiếm <p><u>Payment sentence</u> PAY HEALTHCARE PREMIUMS – CONTRACT NO – POLICY HOLDER At the same time, copy/scan/photo the payment slip for UIC record and checking</p>
4	UIC shall issue insurance cards within 07 - 10 working days

CHECKLIST CLAIM DOCUMENTS

<p>1. Out-patient:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Claim request <input type="checkbox"/> Prescription: shall be affixed with the insured’s name and stamp of the medical facility <input type="checkbox"/> Medical book/ statement: with clear prescription and the patient’s name <input type="checkbox"/> Eligible invoices with listed medical expenses and details of quantity and medicine unit price <input type="checkbox"/> Para clinical results 	<p>2. In-patient/surgery</p> <ul style="list-style-type: none"> <input type="checkbox"/> Claim request <input type="checkbox"/> Hospital discharge form <input type="checkbox"/> Surgery Certificate: for operation cases <input type="checkbox"/> Claims and bills in outpatient treatment, if any 	<p>3. Accident</p> <ul style="list-style-type: none"> <input type="checkbox"/> Claim request <input type="checkbox"/> Instruction for sickness leaves by the doctor <input type="checkbox"/> Working time sheet/ Company’s working record <input type="checkbox"/> Insured event report <input type="checkbox"/> Driving licence <input type="checkbox"/> Other documents
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CLAIM SUBMISSION ADDRESS

Insmart Vietnam Limited company

<p><u>Hanoi office</u> 25th floor, Ngoc Khanh Plaza building, 1 Pham Huy Thong Street, Ba Dinh district, Hanoi</p>	<p><u>HCMC office</u> 9th Floor, Dinh Le Tower, 1st Dinh Le Street, Ward 12, District 4, Ho Chi Minh City.</p>
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DIRECT BILLING PROCEDURE

1. Conditions for direct billing

- * Having treatment/consultation at medical facilities within Insmart’s Direct Billing Network
- * Insured person can present UIC insurance card and personal ID card (birth certificate for children) at reception desk of medical facilities.
- * Credit card or deposit amount will be required depends on each medical facility.
- * Injury/illness/disease are covered under this scheme
- * Medical facility and Insurance company have sufficient information for claim processing.

2. Direct billing procedures

- * Present UIC card with personal ID card or birth certificate for children.
- * Medical facility provides basic information for Insurance Company. Insurance Company will quickly screening and send acceptance/refusal to Medical facility.
- * Sign on claim form at discharge. Keep discharge form to claim for hospitalization allowance benefit.

3. Medical facility network (list below)

Note: Direct billing service not applied for:

- * Out of working hours, holidays...
- * Accidental treatment or consequence of accident which occurred before the effective date
- * Emergency treatment
- * Consultation, laboratory test... expenses prior to hospitalization, post hospitalization consultation expenses, new born care and allowances.

TABLE OF BENEFITS

1/ Core program (Inpatient / surgery due to accident and illness)

PLAN	IP-1	IP-2	IP-3	IP-4	IP-5	IP-6
Annual limit	802,000,000	602,000,000	402,000,000	322,000,000	242,000,000	162,000,000
A. Inpatient limit for accident, disease, illness	400,000,000	300,000,000	200,000,000	160,000,000	120,000,000	80,000,000
<i>For special illnesses arising after enrollment, the costs of inpatient and surgical treatment (A1 + A2) will be paid according to the A1 and A2 sub-limits and do not exceed the limit. Total limit according to the year below:</i>						
<i>* During the first year</i>	3,500,000	2,500,000	1,700,000	1,300,000	1,000,000	700,000
<i>* From second year afterward</i>	100,000,000	75,000,000	50,000,000	40,000,000	30,000,000	20,000,000
A1. Miscellaneous expenses (doctor consultation fee, charges incurred during an in-patient stay for medically necessary supplies and services)	200,000,000	150,000,000	100,000,000	80,000,000	60,000,000	40,000,000
Daily hospitalization limit	10,000,000	7,500,000	5,000,000	4,000,000	3,000,000	2,000,000
Room/bed fee (per day, maximum 60 days/year)	3,500,000	2,500,000	1,700,000	1,300,000	1,000,000	700,000
Intensive care Unit (per day, maximum 60 days/year)	5,200,000	3,700,000	2,500,000	2,000,000	1,500,000	1,000,000
Bed fee for family member (per day, maximum 7 days/year)	200,000	100,000	NA	NA	NA	NA
Pre-hospitalization treatment within 30 days prior to hospital admission	7,000,000	5,250,000	3,500,000	2,800,000	2,100,000	1,400,000
Post-hospitalization treatment (up to 30 days after hospital discharge)	7,000,000	5,250,000	3,500,000	2,800,000	2,100,000	1,400,000
Daily allowance (maximum 60 days/year) - applied for public hospital only	200,000	150,000	100,000	80,000	60,000	40,000
A2. Surgical Operation (due to accident and illness, organ transplant included)	200,000,000	150,000,000	100,000,000	80,000,000	60,000,000	40,000,000
<i>Medical expenses related to special diseases incurred after joining date (Annual limit and not exceed the A1, A2 sub-limits):</i>						
<i>* During the first year</i>	2,000,000	1,500,000	1,000,000	800,000	600,000	400,000
<i>* From second year afterward</i>	100,000,000	75,000,000	50,000,000	40,000,000	30,000,000	20,000,000
B. Emergency treatment (due to accident and illness)	200,000,000	150,000,000	100,000,000	80,000,000	60,000,000	40,000,000
C. Ambulance service expenses (not included air ambulance service and not exceed 200,000 km in distance) applied for life-threatening cases only	200,000,000	150,000,000	100,000,000	80,000,000	60,000,000	40,000,000

D. Burial cost	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
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2/ Optional benefits

2.1 Out-patient due to accident and illness				
PLAN	OP-1 (IP1)	OP-2 (IP1 - IP3)	OP-3 (IP1-IP5)	OP-4 (IP1-IP6)
Annual limit	15,000,000	10,000,000	6,000,000	5,000,000
Limit per doctor visit (maximum 10 visits/year)				
- General outpatient treatment	3,000,000	2,000,000	1,200,000	1,000,000
- Specialist outpatient treatment				
- Laboratory test and X-ray screen (prescribed by attending doctor)				
Chinese treatment, Osteopathy, Acupuncture, Physiotherapy (per day limit; maximum 10 times/year)	150,000	100,000	60,000	50,000

(* Note: Outpatient is optional benefit, must buy along with core program (in the parentheses)

2.2 Dental	(Available with Outpatient only)	DC
Annual limit		10,000,000
Basic dental treatment (Extraction, fillings by normal material, X-ray...)	Co-insurance 25%	Pay up to sum insured
Comprehensive dental care (Extraction of extraordinary tooth, marrow removal, tooth restoration, root canal cutting)		Pay up to sum insured
Periodic dental checkup (cleaning tooth, dental checkup)		500,000

2.3 Death/permanent disablement due to illness	DS-1	DS-2
Sum insured	200,000,000	100,000,000

2.4 Death/permanent disablement due to accident	DA-1	DA-2
Sum insured	200,000,000	100,000,000

PREMIUM TABLE

Age bands	In-patient						Out-patient (*)				Dental	Death/permanent disablement (due to illness)		Death/permanent disablement (due to accident)	
	IP-1	IP-2	IP-3	IP-4	IP-5	IP-6	OP-1 (IP1)	OP-2 (IP1 - IP3)	OP-3 (IP1-IP5)	OP-4 (IP1-IP6)	DC	DS-1	DS-2	DA-1	DA-2
From 6 to 18 years old	7,076,250	5,880,938	4,111,875	3,289,500	2,868,750	1,912,500	5,625,000	3,750,000	2,250,000	1,875,000	6,000,000	400,000	200,000	200,000	100,000
From 19 to 45 years old	8,325,000	6,918,750	4,837,500	3,870,000	3,375,000	2,250,000	5,906,250	3,937,500	2,362,500	1,968,750	6,000,000	400,000	200,000	200,000	100,000
From 46 to 65 years old	12,487,500	10,378,125	7,256,250	5,805,000	5,062,500	3,375,000	7,875,000	5,250,000	3,150,000	2,625,000	6,000,000	400,000	200,000	200,000	100,000
From 66 to 70 years old (*)	14,152,500	11,761,875	8,223,750	6,579,000	5,737,500	3,825,000	9,562,500	6,375,000	3,825,000	3,187,500	6,000,000	400,000	200,000	200,000	100,000

() Notice: Outpatient is optional benefit, followed with core program in the parentheses*