

Endorsements for MyHEALTH Individual Terms and Conditions



It is hereby agreed that the policy to which this endorsement is attached is changed as follows:

1. Those definitions are added into DEFINITIONS part as follows:

COMPLICATIONS OF CHILDBIRTH: any complications that arise during the delivery stage including emergency C-section. The coverage of the complication of childbirth is applicable to the mother and child.

PREVENTIVE (PROPHYLACTIC) SURGERY: refers to surgical procedures performed to remove tissues, organs, or glands that have a high probability of becoming cancerous in the future, aimed at reducing the risk of future health issues. This includes, but is not limited to, procedures such as mastectomy or prophylactic oophorectomy when a parent, grandparent, sibling, or child has been diagnosed with a disease that is part of a hereditary cancer syndrome (such as breast cancer or ovarian cancer) confirmed by a genetic test. The surgery should be prescribed by a qualified medical professional and approved as medically necessary by our Medical Team or a qualified physician approved by us.

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.

THERAPEUTIC ABORTION: The termination of a pregnancy that is deemed medically necessary if there is an underlying or life-threatening condition which will endanger the mother's physical health or if there is a fetal abnormality.

2. Those below definitions of DEFINITIONS part are totally deleted and replaced as follows:

COMPLICATIONS OF PREGNANCY: Only the complications that arises during the antenatal stage of pregnancy are covered. Any claims related to wholly or partially or arising directly or indirectly during the delivery stage, including complications arising from the delivery stage, shall not be covered. The coverage of the complication of pregnancy is applicable to the mother only.

COSMETIC TREATMENT: Surgery, chemical treatment, or other procedures performed to reshape or modify structures of the body or physical appearance, including treatment of any medical condition which arises in any way from cosmetic procedures.

HOSPITAL ROOM AND BOARD: Room and board and general nursing care, subject to the following accommodation levels as stated on the benefits schedule.

SINGLE OCCUPANCY ROOM – The base class of rooms:

- ▶ In Vietnam: having one (1) patient bed per room that conforms to the hospital's standard room classification where the treatment is provided. Single occupancy rooms do not include higher-tier accommodations and luxury rooms such as suites, VIP rooms, or deluxe rooms.
- ▶ Outside Vietnam: having one (1) patient bed per room with an en-suite bath or shower room. Single occupancy rooms do not include a suite.

DOUBLE OCCUPANCY ROOM – A class of room having two (2) patient beds per room and shared bath or shower 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.

PARENTAL ACCOMMODATION: A fee for an additional bed in the same room for a parent or legal guardian staying with a dependant child below age 23 covered under this policy who is admitted as an inpatient in a hospital for the treatment of a covered disability.

3. Clause 23 – EXCLUSIONS is totally deleted and replaced as follows:

This policy does not cover the following treatments, medical conditions, services or procedures. Any adverse consequences or complications thereof, are not covered, unless otherwise indicated in the benefits schedule:

- 23.1 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. This exclusion applies only to fully underwritten policies
- 23.2 Any pre-existing or related medical condition which occurred or was treated within a 24-month period prior to your effective date or has one of the following characteristics will be excluded from cover:
 - ▶ The Insured has had signs or symptoms of the condition or the Insured has been aware of such condition; or
 - ▶ The Insured has been diagnosed, treated, or has received medical advice, monitoring for such condition or related condition (including a medical examination/ medical check-up).

Any pre-existing medical condition or related medical condition may be covered after you have had 24 months' continuous cover under the plan and within that time you have not experienced signs or symptoms; asked for advice (including medical checkups); or needed or received treatment, medication, monitoring, or a special diet.

If within a 24-month period following your effective date, in relation to a pre-existing condition you have experienced signs or symptoms; asked for advice (including medical checkups); or needed or received treatment, medication, monitoring or a special diet; then you will have to wait until you have completed a continuous 24-month period when none of these apply to you. Such pre-existing medical conditions or related medical conditions may then be covered.

This exclusion applies only to moratorium policies.

- 23.3 Treatment, care or a test which is not medically necessary.
- 23.4 Services which have not been prescribed by your attending physician unless otherwise stated on the benefits schedule.
- 23.5 Treatment which is covered by insurance or a source of indemnity other than this policy.
- 23.6 Services by a dentist, other than services claimed under Dental Benefits where specifically provided on the benefits schedule.
- 23.7 Emergency Dental Treatment related directly or indirectly to biting, chewing or teeth grinding.
- 23.8 Reconstructive surgery except when required as a direct result of a disability covered under this policy.
- 23.9 External prosthesis except when required as a direct result of a disability first occurring during a period of insurance.
- 23.10 Treatment, care or tests directly or indirectly related to:
 - 23.10.1 Assisted conception, contraception, sterilisation, fertility or infertility, prior history of miscarriages, hypogonadism or testosterone deficiency, sexual dysfunction, or abortion other than for therapeutic reasons;
 - 23.10.2 Complications of pregnancy following assisted conception, other than services claimed under Maternity Benefits or Routine Outpatient Maternity where specifically provided on the benefits schedule;
 - 23.10.3 Pregnancy or childbirth other than services claimed under Complications of Pregnancy, Routine Outpatient Maternity or Maternity Benefits where specifically provided on the benefits schedule. For the purposes of this exclusion, the post-partum period is deemed complete 45 days after delivery of the baby;
 - 23.10.4 Elective caesarian section prior to the 38th week of term;
 - 23.10.5 Sexually transmitted disease;
 - 23.10.6 Congenital and hereditary conditions other than services claimed under the Congenital and Hereditary Conditions benefit where specifically provided on the benefits schedule;
 - 23.10.7 Cosmetic treatment, surgery or any direct or indirect complications or consequences related to cosmetic procedures;
 - 23.10.8 Preventive treatment except to the extent specifically stated in the benefits schedule;
 - 23.10.9 Dandruff and complications regarding hair loss;
 - 23.10.10 Experimental treatment;
 - 23.10.11 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;
 - 23.10.12 Treatment involving transplant or harvesting of stem cells other than where specifically provided on the benefits schedule under the Stem Cell Treatment benefit;
 - 23.10.13 Gender reassignment therapy and surgery;
 - 23.10.14 Contact lenses, spectacle lenses, spectacle frames, sunglasses, eyesight tests for long or short sightedness and treatment related to refractive error other than services claimed under Optical Benefits where specifically provided for on the benefits schedule;
 - 23.10.15 LASIK surgery;
 - 23.10.16 Lenses other than monofocal lens following a cataract surgery;
 - 23.10.17 Terminal illness, other than as provided by the hospice or palliative treatment benefit as shown on your benefits schedule;
 - 23.10.18 Any treatment for weight loss or weight problems, other than the consultations and medicines provided by a dietician claimed under the Complementary Medicine Benefit (among others, claim related to bariatric procedures, diet pills or supplements, health club memberships, diet programs and residential eating disorder programs will not be covered);
 - 23.10.19 Self-inflicted injury, suicide or attempted suicide;
 - 23.10.20 Abuse of alcohol, illegal drugs, or medicines not prescribed to the insured person by a physician or taken in excess of prescribed quantities;
 - 23.10.21 Drug addiction, alcoholism, or use of any psychoactive substances;
 - 23.10.22 Smoking cessation, including but not limited to consultations, treatments, products, therapies, medications, and any other services or interventions aimed at quitting smoking;
 - 23.10.23 Sleep disorders; or behavioural or developmental disorders other than where specifically provided on the benefits schedule under the Outpatient Behavioural and Developmental Disorders benefit;
 - 23.10.24 Injury related to participation in professional sports on a full time or part time basis; disability as a result of participation in mountaineering or trekking above 3,000 metres; caving or potholing; downhill off-piste skiing; motor sports on land; boating in vessels designed to travel at 30 knots or more; scuba diving below 12 metres; aviation activities other than as a fee-paying passenger; or deliberate exposure to exceptional danger except in an effort to save human life. Injury and/or disability as a result of 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;
 - 23.10.25 Any loss or injuries arising whilst driving under the influence of alcohol or driving without a legal or valid driving license in accordance with local regulations;
 - 23.10.26 Any loss or injuries arising whilst driving a motorcycle without wearing a helmet or without a legal or valid motorcycle driver's license in accordance with local regulations.

- 23.11 Purchase or rental of any devices including but not limited to 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.
- 23.12 The cost of purchasing an organ for transplantation.
- 23.13 The following services, whether or not recommended or prescribed by a physician:
- 23.13.1 Harvesting of stem cells for future, unplanned or unknown treatments;
 - 23.13.2 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;
 - 23.13.3 House calls, delivery of medicine or other items, or any service rendered at a person's home, office, hotel room, or similar place other than services claimed under Maternity Benefits where specifically provided for on the benefits schedule; Telehealth services are not part of this exclusion and will be covered provided that they are reasonable and customary and medically necessary;
 - 23.13.4 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;
 - 23.13.5 Vitamins nutritional supplements, sleep medication, chelation therapy, bioresonance therapy or diagnosis, or colonic hydrotherapy;
 - 23.13.6 Custodial or maintenance care or rest cures;
 - 23.13.7 Hospital inpatient treatment for convalescence, rehabilitation, supervision or which in the opinion of our medical advisor, could be properly treated as an outpatient;
 - 23.13.8 Outpatient treatment of mental and nervous conditions other than services claimed under the Outpatient Mental and Nervous Conditions benefit where specifically provided on the benefits schedule;
 - 23.13.9 Dental treatment utilising precious stones and orthodontic treatment that is commenced from the age of 16 (applicable only when Dental benefits are covered under the policy);
 - 23.13.10 The usage of non-medically necessary ultrasound scans, other than 2D ultrasounds (applicable when Maternity benefits are purchased in the benefits schedule);
 - 23.13.11 Services by a psychologist or counsellor other than where specifically provided on the benefits schedule under the Mental and Nervous Conditions Benefit.
- 23.14 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 (whether declared or undeclared), civil war, invasion, insurrection, revolution, use of military power, usurpation of government or military power, or any known or suspected terrorist act, utilization of nuclear weapons, chemical or biological weapons of mass destruction.
- 23.15 Participation in any illegal or criminal act or contravening clear and absolute government advisories to avoidance of disability.
- 23.16 Disability as a result of exposure:
- ▶ to ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
 - ▶ the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof;
 - ▶ any weapon of war employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.
- 23.17 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.
- 23.18 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.
- 23.19 All expenses:
- 23.19.1 Which are not reasonable and customary;
 - 23.19.2 Incurred in Iran, Cuba, Afghanistan, Belarus, North Korea, Crimea, Regions of Donetsk, Luhansk, Kherson and Zaporijjia in Ukraine, Myanmar (ex Burma), Russia, Sevastopol, Syria, Venezuela;
 - 23.19.3 For medical certificates or administrative fees such as a charge for providing a claim form or medical records;
 - 23.19.4 Incurred outside the period of insurance or in any period for which the appropriate premium has not been paid;
 - 23.19.5 Incurred during the period of insurance for drugs and/or medical services consumed or provided once the period of insurance has ended; or
 - 23.19.6 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.

4. Item 3.2 of Clause 3 WHO IS COVERED? is totally deleted and replaced as follows:

- 3.2 The maximum permitted age at the date of joining this policy is 65 years old.

5. Item 4.1 of Clause 4 – CO-INSURANCE AND DEDUCTIBLES is totally deleted and replaced as follows:

- 4.1 All expenses will be paid in excess of any deductible that applies and after we have applied any co-insurance percentage, also known as co-payment percentage.

6. Clause 8 – WAITING PERIODS is totally deleted and replaced as follows:

- 8.1 Cover for the following benefits and disabilities will commence after an insured person has been continuously covered under the plan and any renewal thereof for the following time periods in respect of an insured person:
- 8.1.1 Maternity Benefits: 365 days prior to the date of service;
 - 8.1.2 Major dental treatment: 300 days prior to the date of service; and
 - 8.1.3 HIV/AIDS: coverage will apply only if signs or symptoms are present for the first time after three years continuous coverage under the plan and any renewal thereof.
- 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.

7. Clause 11 – PREMIUM PAYMENT is totally deleted and replaced as follows:

- 11.1 You must pay your premiums on or before the Due Date stated on the policy and/or the Debit Note, in compliance with the policy terms and Vietnamese law.
- 11.1.1 For one-time premium payment: You must pay the full premium amount to us within 30 days from the effective date of the insurance policy (based on the date we receive the premium).
 - 11.1.2 For periodic premium payments (i.e installment payment): You must pay the initial premium within 30 days from the effective date of the insurance policy (based on the date we receive the premium). Subsequent premium payments must be made as agreed between us and you, as outlined in this policy and/or the Debit Note. Neither party can change the premium payment period during the entire policy implementation process. In all cases, the premium payment period does not exceed the insurance period under the insurance policy.
- 11.2 If you fail to pay the premium or pay an insufficient premium by the due date as specified in articles 11.1.1 and 11.1.2:
- 11.2.1 The insurance policy will automatically be terminated the day following the premium due date (for each installment period, if applicable).
 - 11.2.2 We will not be obligated to cover the guaranteed medical expenses (for direct billing services) and/or any claims, unless otherwise stated; and we reserve the right to recover any claims already paid, as per article 19.
- 11.3 All agreements regarding the debt insurance premium must be in writing, signed by authorized representatives of both parties, and accompanied by appropriate collateral or a guarantee as required by applicable Vietnamese laws.
- 11.4 If the insurance policy is terminated as specified in article 11.2 and you subsequently pay the premium, the policy will be reinstated from the date we agree to the reinstatement in writing, subject to you paying all premiums due and obtaining our written consent. Insurance coverage will commence on the reinstatement date and upon full premium payment. We will not be liable for any losses incurred between termination and reinstatement.
- 11.5 Other specific provisions shall be governed by Circular No. 67/2023/TT-BTC dated November 2, 2023 of the Ministry of Finance and other applicable laws.

8. Item 14.3 of Clause 14 – MATERIAL CHANGES is totally deleted and replaced as follows:

- 14.3 Any change in your country of residence must be submitted to us for review and approval. We may, at our discretion, decline to continue coverage and terminate the policy if we consider the change to be material. In such cases, no refund of the premium will be given.

9. Item 21.2 is added into Clause 21 – SANCTIONS AND COMPLIANCE WITH LAWS as follows:

- 21.2 We will not provide any benefit under your policy to the extent of providing cover, payment of any claim or the provision of any benefit where doing so would breach any sanction, prohibition or restriction imposed by law or regulation. This means that we may not be able to settle any payments of claims into countries where sanctions, prohibitions or restrictions are imposed.

Subject otherwise to the terms, conditions, and exclusions of the Policy.

FOR AND ON BEHALF OF PVI INSURANCE



Biện Ngọc Phương Đài

TP. Kinh doanh 4

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