

THE SUMMARY TERMS & CONDITIONS OF HEALTHCARE INSURANCE PLAN HEALTH FIRST

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Please kindly carefully read and note below summary Terms & Conditions of Healthcare Insurance when registering for insurance. This Summary of Terms & Conditions document is not an insurance contract.

Please see the details in:

- <https://pacificcross.com.vn/health-insurance/> (Healthcare Insurance Product)
- https://pacificcross.com.vn/wp-content/uploads/2024/04/33a.-Health-First-policy-wording-EN_042024.pdf (Terms & Conditions of Healthcare Insurance)

A. THE SUMMARY OF INSURANCE BENEFIT

COVERAGE	BASIS INFORMATION
COVERAGE	<ul style="list-style-type: none"> - Worldwide; - The maximum benefit of each benefit depends on your plan choosing (please refer details in the Healthcare Insurance Product)
CORE BENEFITS	Covers normal, usual and customary charges for: <ul style="list-style-type: none"> - Inpatient benefit, including <ul style="list-style-type: none"> • Treatment Room cost; • Inpatient treatment fee/ surgery; • Maternity benefit; - Emergency benefit.
ADDITIONAL MEDICAL BENEFIT (Optional)	Client can choose any benefit <ul style="list-style-type: none"> - Outpatient benefit; - Dental benefit (co-payment 80:20 – Company pay 80%); - Personal accident benefit.

B. THE EXCLUSIONS

1. Pre-existing conditions and their complications and sequelae, except Pre-existing conditions which have been fully and truthfully declared to the Company and are not excluded in the Policy;
2. Other exclusions: please refer to the details regulations in the Term “Exclusions” in the Policy Wording (mentioned above)

C. TERM

1. **Insured Period:** is the period stated in the Policy/ Insurance Certificate.
2. **Premium Payment Period:** is the period stated in the Policy to be the Premium Payment Period.
3. **Waiting Period:** The Company has no liability to pay any benefit for insured events occurring within the below specified periods, including the case where the date of admission is within these periods but the date of discharge is beyond these periods:
 - a. 12 months from the Policy joining date of the Insured Person: for

- i. The Special diseases and their complications;
- ii. The Damages of ligament and meniscus: treatment occurs after the above 12 months will be covered by the Company on a 30:70 (The Insured Person pays 30% of the customary and reasonable charges);
- b. 6 months from the Policy joining date of the Insured Person: for
 - i. The respiratory infections/ inflammations, acute pneumonia, and their complications in respect of the Insured Person is the child under 6 years old on the Policy joining date;
 - ii. The Dental benefit.
- c. 270 days from the Policy joining date of the Insured Person: for the Maternity benefit;
- d. 30 days from the Policy joining date of the Insured Person: for other Illnesses.

D. THE TERMINATION OF THE INSURANCE CONTRACT BEFORE THE DAEDLINE

- In case there is any arising claim, the policy is terminated prematurely and will not be refunded;
- In case there does not have any arising claim, the Company will refund to the Insured Person following “Short Period Rate” which is specified in the Terms & Conditions.

E. OBLIGATIONS OF TRUE DISCLOSURE

1. Any liability of the Company under the Insurance Policy shall depend solely on the truthfulness and the accuracy of all declarations provided by the Policyholder and the relevant Insured Person on (1) Application Form, (2) Any other Forms provided by the Company, (3) Claims Form;
2. The Company will not pay for the benefits under the Insurance Policy if the Insured Person has concealed or misrepresented any important event about the relevant situation;
3. If there are any claims under the Insurance Policy is fraudulent or unfounded in any respect, all benefits paid or payable in respect of such claim shall be forfeited and will be recovered by the Company (if paid). Furthermore, the Company has the full right to cancel the Insurance Policy in such cases.

F. OTHER NOTES

The necessary claims documents

i. Claims form	Full information and signature of the Insured Person.
ii. Medical report	Medical report, surgery report, discharge paper, medical tests prescription, medical test result, prescription, etc.
iii. For Dental (if any)	Oral exam report (done by the physician/ dentist, is required for the first submitting of dental claim. If the policy has passed 6 months waiting period, this report is waived)
iv. For Travel (if any)	The copy of Passport, boarding pass, airline ticket, etc.
v. Invoice and the Breakdown of charges	
vi. Other related documents (if any)	
Please refer the details guideline: https://pacificcross.com.vn/claim-procedure-information/	