SUMMARY OF HEALTH INSURANCE TERMS AND CONDITIONS
HEALTHUP PROGRAM

Last updated: 10/12/2025

Please read carefully and take note of the summary of the health insurance terms and conditions below when applying for insurance. This Summary of Terms and Conditions is not an insurance contract.

For further details, please refer to:

- Product Information
- Policy Wording

A. SUMMARY OF PRODUCT BENEFITS

	BASIC INFORMATION
COVERAGE AREA	- Worldwide; - The maximum benefit for each benefit depends on the product plan selected by the Customer (please refer to the Health Insurance Product Information for details).
MAIN BENEFITS	Covers Usual and Customary Charges for the following: - Inpatient benefits, including • Room charges during treatment; • Inpatient treatment/surgery expenses; • Maternity Benefit; - Emergency medical benefit.
SUPPLEMENTARY MEDICAL BENEFITS (Optional)	Customers may select any of the following benefits: - Outpatient Benefit; - Dental Benefit (80:20 co-payment – the Company pays 80%); - Personal Accident Benefit.

B. INSURANCE EXCLUSIONS

1. Pre-existing conditions and their complications and sequelae, except for conditions that have been declared to and accepted by the Company;
2. Other exclusions: please refer to the detailed provisions under the “Exclusions” section of the Health Insurance Policy Wording (as referred to above).

C. POLICY TERM

1. **Insurance period:** the period specified in the Policy/Certificate of Insurance.
2. **Premium payment period:** the period specified as the premium payment period in the Insurance Policy.
3. **Waiting Period:**

The Company shall have no liability to pay any benefit for insured events occurring during the Waiting Periods specified below, including cases where the hospital admission date falls within such Waiting Periods but the discharge date falls outside them:

a. In the event of an Accident: no Waiting Period applies;

b. For treatment of Special Illnesses and their complications, and Maternity Complications: 90 days from the Insured Person's Policy Commencement Date;

c. For treatment of acute pneumonia, respiratory inflammatory/infectious diseases and complications of these diseases where the Insured Person is a child under 6 years of age on the Policy Commencement Date: 90 days from the Insured Person's Policy Commencement Date;

d. For treatment of other Illnesses: 30 days from the Insured Person's Policy Commencement Date;

e. For ligament and meniscus injuries: 90 days from the Insured Person's Policy Commencement Date. Treatment occurring after the above 90-day period shall be covered by the Company on a 30:70 co-payment basis (the Insured Person shall pay 30% of the Usual and Customary Charges);

f. For the Maternity Benefit: 270 days from the Insured Person's Policy Commencement Date;

g. For the Dental Benefit: 90 days from the effective date of the Dental Benefit purchased by the Insured Person.

h. Where the Company agrees to provide coverage for Pre-existing Conditions: the maximum Waiting Period is 1 year.

The Company may consider waiving the Waiting Periods in items b, c and d above for an Insured Person if, at the time the Insurance Application is submitted, the Insured Person has a valid health insurance policy with another insurance company.

"Special Illnesses" include tumors, cysts and polyps, all types of cancer, all types of stones, hemorrhoids, anal fistula, prostate conditions, ear-nose-throat conditions requiring surgery including tonsillectomy and adenoidectomy, lung diseases (excluding acute pneumonia), varicose veins, herniated discs, gastritis, duodenitis, gastric ulcers, duodenal ulcers, sinusitis, diabetes mellitus, all types of hepatitis, endometriosis, cardiovascular and blood pressure conditions, stroke/cerebrovascular accident, transient ischemic attack, arthritis, and carpal tunnel syndrome.

D. EARLY TERMINATION OF THE INSURANCE POLICY

- Where a claim has arisen, no premium refund will be made if the Insurance Policy is terminated early;
- Where no claim has arisen, the Company will refund the premium to the Insured Person in accordance with the "Short-term Premium Rate" specified in the Health Insurance Policy Wording.

E. DUTY OF HONEST DISCLOSURE

1. Any liability of the Company under the Insurance Policy shall be entirely subject to the truthfulness and accuracy of all declarations provided by the Policyholder and the relevant Insured Person in (1) the Insurance Application, (2) any other form provided by the Company, and (3) the Claim Form;
2. The Company shall not pay benefits under the Insurance Policy if the Insured Person has concealed or misrepresented any material fact relating to the circumstances concerned;
3. If any claim under the Insurance Policy is fraudulent or unfounded in any respect, all benefits paid or payable in respect of that claim shall be forfeited and recovered by the Company (if already paid). Furthermore, the Company shall have the full right to cancel the Insurance Policy in such cases.

F. OTHER NOTES

Required claim documents

i. Claim Form	complete information and signature of the Insured Person.
ii. Medical records	medical reports, surgery certificate, discharge papers, doctor's orders, laboratory/test results, prescriptions, etc.
iii. Dental only (if applicable)	oral examination report (prepared by the treating doctor/dentist, required for the first dental claim. If the policy has passed the 06-month Waiting Period, this report is waived).
iv. Travel only (if applicable)	copy of passport, boarding pass, airline ticket, etc.
v. Financial invoice and corresponding itemized statement	
vi. Other relevant supporting documents (if any)	
For detailed instructions, please visit: https://pacificcross.com.vn/vi/thu-tuc-yeu-cau-boi-thuong/	