

**GROUP HEALTH INSURANCE RULES
(TECHCOM CARE)**

These insurance rules are an agreement between Techcom Non-Life Insurance Joint Stock Company (hereinafter referred to as “Techcom Non-Life Insurance”) and the Policyholder named on the Insurance Contract/Certificate.

**CHAPTER I
DEFINITIONS**

- 1. Insured Person:** An individual who has completed the declaration form, or whose name is declared in the Insurance Application form and whose insurance validity has been confirmed, or a person whose name is on the Insurance Certificate.
- 2. Policyholder :** Is it a company/business/ organization / association or any other similar organization ? Enter into an insurance contract with Techcom Non-Life Insurance Company and pay insurance premiums to insure a Member of that Company/business/organization and/or the legal dependent of that Member.
- 3. Insurance contract:** This is an agreement between Techcom Non-Life Insurance and The policyholder , under which Techcom Non-Life Insurance provides insurance services , is responsible for paying compensation within the scope of the contract and the insurance benefits stipulated in the TCGI (TECH Care) Health Insurance Rules . The insurance contract package includes the application for insurance, the insurance contract, the insurance certificate, the TCGI Health Insurance Rules , the benefits table, and other relevant documents as required by law .
- 4. Continuous Renewal: This refers to** the renewal of an insurance contract immediately after the previous insurance contract expires without any interruption in the insurance period. The renewed insurance contract will have its effective date on the day following the expiration date of the insurance contract that the policyholder /insured person previously purchased from Techcom Non-Life Insurance.
- 5. Employee /Insured Person :** An employee of a company / enterprise / organization / association or any other similar organization, who has an employment contract or probationary contract or other legally recognized labor agreements with that company/enterprise/organization and whose name **is listed** in the insurance contract, and is insured under the insurance contract/insurance certificate.
- 6. Legal dependents :** Relatives of the Insured who have a relationship such as spouse (excluding those legally divorced), biological parents , parents -in -law, biological children, legally adopted children , illegitimate children, stepchildren of the spouse, or foster children.

Eligibility requirements for participants Dependent children:

- They must be in good health and at least 15 days old (or the date of discharge from the hospital after birth), whichever comes later;
- Not exceeding 18 years of age (or up to 25 years of age provided the dependent is enrolled in full-time, long-term courses);
- Unmarried.
- Dependents must be insured under a plan with a coverage level lower than or equal to the coverage level including primary benefits and any amendments to the primary insured and must be approved by Techcom Non-Life Insurance.

All dependents must be listed in the Insured Persons List .

7. **Beneficiary** : The beneficiary is an organization or individual designated by the insurance buyer/insured to receive the insurance payout when an insured event occurs, as agreed upon in the insurance contract.
8. **Waiting period** : This is the period during which the policyholder / insured person is not paid for a specific insurance benefit, including insurance events occurring during the waiting period but whose consequences/treatment extend beyond the waiting period and within the insurance term .

Waiting time is calculated from The date on which the Insured begins participation and is covered under the Insurance Contract, with the following specific waiting periods:

- 30 days for this case **Illness, disease , dental treatment** or Death/Permanent Total Disability due to Illness or Disease (including the period from the onset of the illness to the end of treatment/calculated from the time of illness onset, not from the time of treatment)
- 60 days for miscarriage, abortion as prescribed by a doctor, treatment of pregnancy complications , or death/total permanent disability in cases of miscarriage, abortion as prescribed by a doctor, treatment of pregnancy complications.
- 180 days for children up to 6 years old: bronchitis, bronchiolitis, pneumonia of all kinds.
- 270 days for childbirth or death/total permanent disability arising from childbirth .
- 365 days for Special Illness, Chronic Illness , and Pre-existing Conditions , or Death/Permanent Total Disability due to Special Illness, Chronic Illness, and Pre-existing Conditions.

Waiting times do not apply in the case of **accidents**.

9. **Accident** : An unexpected or unforeseen event , beyond the control and intention of the Insured, caused by an external force acting on the Insured's body, occurring within the insurance period, that directly results in death or bodily injury to the Insured, and is beyond the control and intention of the Insured. An insured person's actions in legitimate self-defense, saving lives or property belonging to the State or the people, and participating in combating illegal activities are also considered

accidents.

10. **Bodily injury:** refers to bodily injury caused by an Accident, which is the primary consequence of the accident and not a consequence of a prior accident or injury, and not a consequence of a physical impairment, disability, degenerative process, or pre-existing disease as defined in these Insurance Policy.
11. **Permanent Total Disability:** This refers to bodily injury caused by an accident that results in severe and lasting anatomical and functional impairment to the Insured , causing complete and permanent loss of the ability to work, or having a poor prognosis that threatens life, and is assessed as resulting in a loss of 81% to 100% of the Insured's working capacity due to the injury. The assessment must be conducted by a provincial or centrally-administered city-level Medical Assessment Board or a legally recognized medical assessment organization no earlier than 180 days from the date of the insured event.
12. **Permanent partial disability:** This refers to bodily injury resulting from an accident. Causes serious and lasting anatomical and functional impairment to the Insured , or the complete and permanent loss of one or more body parts. The determination of permanent body part disability is based on the conclusions of a doctor or a provincial/city-level medical expert panel or a legally recognized medical expert organization.

According to the provisions of these Insurance Rules, permanent partial disability is listed in the Appendix "Table of Disability Insurance Payment Rates" attached to these Rules.
13. **Temporary disability :** This refers to a condition where the insured person is disabled and unable to perform part or all of their daily tasks for a specified period of time.
14. **Illness and disease:** This refers to a physical condition exhibiting symptoms of a disease different from normal health, requiring medical treatment as diagnosed by a doctor .
15. **Total and permanent disability :** This refers to a condition of illness or disease that causes the insured to suffer severe and prolonged anatomical and functional impairment, resulting in the complete and permanent loss of their ability to work, or a poor prognosis that threatens their life, and is assessed as resulting in a loss of 81% to 100% of their working capacity due to injury. The assessment must be conducted by a provincial or centrally-administered city-level Medical Assessment Council or a legally recognized medical assessment organization no earlier than 180 days from the date of the insured event .
16. **Missing due to accident:** The insured is considered to have died due to an accident if they are missing for 12 consecutive months and there is a decision from a competent court declaring the insured missing due to an accident within the insurance period.
17. **Sudden death:** is an unexpected death that occurs within one hour of the onset of life-threatening symptoms.
18. **Chronic disease :** A condition or illness that, in the opinion of a general practitioner, specialist, or legally practicing medical advisor, is a long-lasting,

progressive disease with no possibility of complete cure.

- 19. Pre-existing conditions :** Pre-existing conditions are illnesses or injuries of the insured that have been diagnosed or treated by a doctor before the effective date of the insurance contract, or specific signs and symptoms that have started within 36 months before the effective date of the insurance contract. The determination of pre-existing conditions is based on medical records stored at hospitals or legally established medical facilities, medical documents issued by the Ministry of Health and other competent authorities, or information self-declared by the policyholder or insured person on the insurance application form or supplementary information form.
- 20. Specific illness:** These diseases include and are listed in detail below:
- a) Neurological diseases: Inflammatory diseases of the central nervous system (brain), systemic atrophy affecting the central nervous system (Huntington's disease, hereditary ataxia, spinal muscular atrophy and related syndromes), extrapyramidal movement disorders (Parkinson's disease, dystonia, other movement and extrapyramidal disorders), Alzheimer's disease, apalic syndrome/dementia, epilepsy, coma, cerebral palsy and other paralysis syndromes.
 - b) Respiratory system diseases: Lung failure, pneumothorax. Adenoiditis requiring adenoidectomy, sinusitis, deviated septum, asthma.
 - c) Cardiovascular diseases: Heart disease, hypertension, essential arterial hypertension, cerebrovascular diseases/stroke and their consequences/sequelae, phlebitis and thrombophlebitis, varicose veins of the lower extremities, carpal tunnel syndrome, lymphatic/vascular disorders, hemorrhoids.
 - d) Digestive system diseases: Hepatitis A, B, C, cirrhosis, liver failure, gallstones, gastric and duodenal ulcers.
 - e) Urinary system diseases: Diseases of the glomeruli, renal tubules, kidney and ureteral stones, lower urinary tract stones, renal failure.
 - f) Endocrine system diseases: Thyroid disorders, diabetes mellitus, and endocrine disorders of the pancreas, adrenal glands, coma, and other endocrine glands.
 - g) Tumor diseases: Benign tumors/growths of all types.
 - h) Blood diseases: Coagulation disorders, neutrophil dysfunction, diseases related to the lymphatic reticuloendothelial system and reticuloendothelial system, bone marrow transplantation.
 - i) Diseases of the skin and connective tissue: Lupus erythematosus, systemic sclerosis, multiple sclerosis, progressive epidermal sclerosis/amyotrophic lateral sclerosis, muscular dystrophy and its complications, penphigus, psoriasis, chronic allergic urticaria (treated with foreign antigens).
 - j) Ear system diseases : Otitis media requiring surgery, nasopharyngeal polyps, turbinate bone resection.
 - k) Metabolic disorders of all kinds
 - l) Musculoskeletal diseases : Chronic arthritis/ polyarthritis , degenerative spinal disease, vertebral body disease, herniated discs, bone density and structure disorders, gout.
 - m) Other conditions: Stones, cysts, warts, moles of all kinds, vestibular disorders.

21. **Congenital disease / Congenital defect / Birth defect :** A congenital defect is an abnormal development of a body part or structure in terms of shape, composition, or location from birth or during fetal development , usually due to genetic factors or factors affecting fetal development during pregnancy . Congenital diseases/birth defects/birth defects are determined by diagnoses based on the conclusions of a doctor.
22. **Pregnancy :** This refers to the entire process from the first day of conception , through pregnancy , to childbirth , including pregnancy complications as determined by medical records and doctor's diagnosis .
23. **Pregnancy complications:** These are health issues related to pregnancy and childbirth that occur during the insured person's pregnancy, delivery, and postpartum period, diagnosed by a doctor (excluding premature birth and elective cesarean section) , and require treatment as prescribed by a doctor.
24. **Hospital / Medical facility :** L is a medical facility established and operating under Vietnamese law and is not a place for rest or convalescence, or a special facility exclusively for the elderly, or for alcohol, drug, or stimulant addiction treatment, or for treating mental disorders or leprosy.
25. **Doctor:** A person working at a hospital with a legally valid medical license, practicing within the scope of their issued medical practice certificate, but excluding the insured/purchaser's primary physician or their spouse, parent, child, sibling. The doctor may be a medical consultant or a specialist.
26. **Medical expenses:** These are the actual costs incurred for the diagnosis and medical treatment of the Insured Person as prescribed by a doctor. These costs must be actual expenses. Necessary and reasonable expenses must be incurred at the medical facility providing the treatment service , and invoices must be issued in accordance with legal regulations .
27. **Necessary and reasonable costs :** These are medical expenses that are medically necessary for the diagnosis and treatment of illness or disease and do not exceed the general cost of similar-level medical providers within the geographic area of the rule where the expenses are incurred, when providing equivalent treatment or level of treatment, service, or provision of services for a similar illness or injury. The assessment of "medical necessity" is based on medical standards, treatment guidelines, medication guidelines, and the specific condition of the patient, and not on medical services incurred at the request of the patient or their family.
28. **Inpatient treatment :** This refers to medical treatment when the insured person is admitted to a legally recognized hospital/medical facility and incurs bed charges . and had to be hospitalized overnight. The discharge papers are one of the necessary documents to claim compensation for this benefit.
29. **Outpatient treatment:** This refers to medical treatment when the insured person needs treatment for illness or disease . Accidents or complications during pregnancy at a legally recognized hospital/ medical facility that are not considered inpatient treatment . Even if an insured person is admitted to the hospital and incurs bed charges but does not stay overnight, it is still considered outpatient treatment.
30. **Surgery:** A scientific method for treatment or diagnosis combined with treatment, performed by a qualified and licensed physician, at a hospital/medical facility that

meets the standards for performing surgery. The types of surgery must fall under the categories of surgical procedures issued by the Vietnamese Ministry of Health and be classified as surgery.

31. **Hospital room and bed costs** : These are medical expenses for a hospital bed in a standard room and /or intensive care unit (ICU) , and other medical expenses directly related to the Insured's treatment , including necessary medical care provided by a qualified nurse. Techcom Non-Life Insurance does not cover non-medical expenses such as telephone calls, newspapers, entertainment, and cosmetics.
32. **Standard Room** : This is a standard room with a limited number of rooms. Single rooms are the cheapest option at medical treatment facilities, excluding charges for requested rooms , room upgrades, service fees , and room reservations.
33. **Intensive Care Unit (ICU)** : A treatment room designated by the attending physician at a medical facility for the purpose of providing specialized medical care, such as: intensive care unit, isolation ward, post-surgical intensive care unit (excluding rooms requested by the insured, private rooms, VIP rooms, etc.).
34. **Pre-hospitalization costs** : These are the costs of examinations and diagnostic tests ordered by a doctor, directly related to the illness requiring hospitalization and monitoring, and are only accepted once in the most recent period . within 30 days prior to hospitalization. These costs may include fees for examinations, check-ups, ultrasounds, scans, basic tests, and medication .
35. **Post-discharge treatment costs:** These are the costs of treatment immediately after discharge from the hospital as prescribed by the doctor at the treatment facility, but not exceeding 30 days and directly related to the previous inpatient treatment. These costs include fees for examinations, check-ups, ultrasounds, X-rays, basic tests, and medication .
36. **Home medical care** : This refers to medical care services provided by a legally licensed nurse at the insured's home immediately after discharge from the hospital (minimum hospital stay of 7 days) . This service must be provided as directed by the treating physician due to the specific nature of the medical profession.
37. **Expense Routine prenatal check-ups** : These are the costs of examinations, tests, and diagnostic imaging during pregnancy, including but not limited to: routine urine tests, basic blood tests, and ultrasounds (excluding 4D ultrasounds).
38. **Prosthetics** : Any artificial component that is implanted or inserted into the body to replace body parts.
39. **Tools /equipment Medical support for treatment:** These are medical instruments/devices:
 - Ordered / transplant / Implants placed in any part of the body to support the function of that part and/or to assist in treatment and surgery (except for treatment of injuries caused by accidents), including but not limited to: stents, heart valves, balloon angioplasty, discs, plates, screws, slings, pacemakers.
 - These items are specialized, used only for specific types of treatment or surgery, are for single use, and are not subject to depreciation. They include the following categories: cartilage cutting knives, planing blades, ultrasonic liver

cutting knives, Longo hemorrhoid cutting knives, and lithotripsy baskets for stone removal surgery.

- Used externally to assist motor or other bodily functions, including but not limited to: crutches, braces, wheelchairs, strollers, hearing aids, prescription glasses, and pacemakers.
- Other orthopedic devices with aesthetic purposes.

40. **Physiotherapy:** Therapy is a treatment method using natural or artificial physical agents such as water, air, temperature, electricity, X-rays, ultraviolet rays, infrared rays, ultrasound, radioactive isotopes, massage, etc. , excluding massage, spa, and cosmetic surgery.
41. **Sum Insured: This is the maximum** compensation amount stated in the Insurance Benefits Table that Techcom Non-Life Insurance may pay out to each Insured Person during the Insurance Term when an insured event occurs.
42. **Detailed Liability Limits / Sub-Limits : These are the maximum** compensation limits that can be paid for each insurance benefit as detailed in the Benefits Schedule. However, the total of the detailed limits cannot exceed the Sum Insured of each program.
43. **Co-payment:** Co-payment is the percentage of medical expenses that Techcom Non-Life Insurance and the Insured jointly pay when expenses covered by the insurance policy are incurred. Co-payment is calculated as a percentage (%) of the total amount of expenses covered by the insurance policy or based on the sub-limits of the insurance benefits, whichever is lower. The maximum insured expense after co-payment is equal to the benefit limit specified in the Insurance Benefits Table. The co-payment rate is specifically stated in the benefits table of the insurance policy/insurance certificate.
44. **Insurance Event :** An event as defined in the Scope of Coverage section of these Insurance Policy Rules, upon its occurrence, Techcom Non-Life Insurance is obligated to pay insurance benefits to the Insured or the Beneficiary.
45. **Pandemic:** An epidemic is a phenomenon where an infectious disease spreads rapidly and affects a large number of people in a community, region, or even an entire country within a short period of time. An epidemic typically requires official declaration by authorities such as the Ministry of Health or international health organizations like the World Health Organization (WHO) .
46. **Emergency room/department treatment:** This refers to emergency treatment at a medical facility within 24 hours of an accident or illness that may be life-threatening and requires urgent treatment in the emergency room, with a medical facility's emergency confirmation stamp on the record. If emergency room treatment is only outside of the clinic/hospital's operating hours, it is considered outpatient treatment.
47. **Genetic disease:** Any disease that occurs in people with a blood relationship, or the transmission of diseases from parents to children through parental genes and/or transmission from one generation to the next among people with a blood relationship. Diagnosis of genetic disease must be performed by a doctor.
48. **Day treatment:** This refers to medical treatment where the insured person requires hospitalization for treatment/surgery, incurring hospital bed costs, but does not stay

overnight. A discharge certificate or receipt for room/bed charges serves as the basis for payment .

- 49. Number of visits/treatments:** A medical examination is defined as an instance where a patient receives a clinical examination, undergoes laboratory tests, diagnostic imaging, or other diagnostic procedures, and/or receives prescribed medication at a legally recognized medical facility for the purpose of diagnosing an illness/injury and providing treatment.

In cases where multiple specialists consult together before treating a patient, according to hospital regulations, it is counted as only one examination/treatment session.

If a patient visits the same specialist multiple times in a single day, it will only be counted as one visit/treatment.

If a patient requires consultations with multiple specialists within the same medical facility, even if directed by a doctor, on the same day, it will still only be counted as one consultation/treatment.

- 50. Routine health check-ups:** These are tests/screenings performed when there are no clinical symptoms. These tests include the following types of examinations, at an appropriate age to detect illnesses/diseases early:

- Vital signs (blood pressure, blood lipids, pulse, respiration, temperature, etc.)
- Cardiovascular check-up
- Nervous system examination
- Cancer screening
- Checking children's reflexes (for children aged 0-6 years)
- This benefit also applies to vaccinations.

- 51. Sexually transmitted diseases (STDs):** According to these insurance rules, sexually transmitted diseases include the following:

- Gonorrhea
- Syphilis
- Genital warts
- Chancroid
- Inguinal granuloma
- Genital herpes
- Genital Chlamydia infection
- Pubic lice

- 52. Organ transplantation:** This refers to the surgical procedure to transplant organs such as the heart, lungs, liver, pancreas, kidneys, including bone marrow, to the Insured Person, performed at a hospital by a qualified physician authorized to perform this type of surgery. The costs of purchasing the transplanted organ and all expenses incurred by the organ donor are not covered under these insurance rules.

- 53. Dangerous sports activities** include airborne activities (except air travel), gliding, skydiving, winter sports, skiing, ice hockey, hunting, wrestling, equestrian sports , surfing, sailing more than 5 km from shore, water activities using breathing masks ,

climbing to altitudes above 5000m above sea level , and races (excluding charity races and company-organized internal races) .

- 54. Professional sports:** These are sporting activities in which coaches and athletes are compensated for coaching, performing, and competing in sports.

CHAPTER II GENERAL REGULATIONS

Article 1: Geographical Scope

The insured is entitled to insurance coverage under these Insurance Rules in the event of accidents, illnesses, and related medical expenses incurred within the territory of Vietnam and/or outside the territory of Vietnam (as specifically stipulated in the Insurance Contract/Insurance Certificate).

Article 2: Subject of Insurance

2.1. Subject of insurance:

- **Staff** ; and/or
- **Legal dependents** (as defined in Chapter I - Definitions) of insured employees Residing in Vietnam, aged between 15 days old and 65 years old at the time the insurance policy takes effect.

2.2. Insurance coverage is not provided for the following individuals:

- People with mental illness, leprosy, or cancer.
- People with disabilities or permanent injuries of 50% or more.
- People who are currently undergoing treatment for illness or injury.
- Persons who lack or have limited legal capacity

Article 3: Group Insurance Contract

According to these Insurance Rules, a group insurance contract is issued to a group of 50 or more members working at the same company, enterprise, union, association, or any other similar organization, with those companies/enterprises/organizations listed as **the policyholders** .

Article 4: Insurance Premiums

- The insurance premium and the sum insured are specified in the insurance contract/insurance certificate.
- Insurance premiums must be paid by the payment deadline specified in the Insurance Contract/Insurance Certificate and as required by law. Techcom Non-Life Insurance will not be liable for compensation if insurance premiums are not paid on time.
- The insurance premium will be recalculated at the time of policy renewal.

Article 5: Insurance Period :

The insurance term of the Insurance Contract/Insurance Certificate is 12 (twelve) months or shorter as agreed by the parties and as stipulated in the Insurance Contract/Insurance Certificate.

Article 6: Insurance Validity:

The scope of coverage under the signed insurance contract/insurance certificate becomes **effective** after **the waiting period** (as stated in Chapter I - Definitions). From the start date of the Insurance Period specified in the Insurance Contract/Insurance Certificate, this applies to the Benefits in these Insurance Rules and includes any Extended Terms.

- + In the event of an accident: The insurance coverage takes effect immediately from the effective date **stated** on the Insurance Contract/Insurance Certificate, and from the date the Insured begins participating in and is insured under the Insurance Contract/Insurance Certificate.
- + For cases of illness, disease, or maternity: The insurance becomes effective after **the waiting period** from the effective date stated on the Insurance Contract /Insurance Certificate.

Insurance contracts have 50 or more terms. Employees who are insured persons or higher No **waiting period applies** . If the Insured requires maternity treatment during a 60-day waiting period or gives birth during a 270-day waiting period, the Sum Insured will be calculated proportionally to the number of days from the start of the insurance to the date the insured event occurs, divided by 60 days for maternity treatment costs or 270 days for childbirth costs .

Insurance contract / Insurance certificate The policy is automatically renewed and takes effect immediately for those insured who have continuously participated for at least one year in the preceding insurance contract , after the policyholder pays the premium for the next period , without any waiting period, unless otherwise stipulated in writing and signed by the policyholder and Techcom Non - Life Insurance .

Article 7: Short-term insurance premiums

- | | |
|--------------------------------------|---------------------------|
| - Insurance term up to 1 month: | 1/4 of the annual premium |
| - Insurance term up to 2 months: | 3/8 of the annual premium |
| - Insurance term up to 3 months: | 1/2 of the annual premium |
| - Insurance term up to 4 months: | 5/8 of the annual premium |
| - Insurance term up to 6 months: | 3/4 of the annual premium |
| - Insurance term up to 8 months: | 7/8 of the annual premium |
| - Insurance term exceeding 8 months: | Annual premium |

If the insured fulfills their obligation to pay insurance premiums according to the short-term premium schedule stipulated in this Article, the insurance benefits will be settled within the annual limit specified in the Insurance Contract/Insurance Certificate.

Article 8: Other Insurance

If, at the time of the insured event, the Insured is covered by another effective insurance program for the same medical expenses covered under these Insurance Rules, the Insured is entitled to claim compensation from any effective insurance program. In the event that compensation has already been paid by another insurance program, Techcom Non-Life Insurance will only pay the Insured the amounts not covered by that other insurance program. This condition does not apply to Death/Permanent Disability/Permanent Injury and Allowance benefits.

Article 9: Co-insurance/Co-payment

The co-insurance/co-payment ratio is applied according to the agreement between Techcom Non-Life Insurance and the Policyholder and is specifically stipulated in the Insurance Contract/Certificate. In all cases, the Insured's co-payment ratio shall not exceed 50%.

Based on the specific co-payment provisions in the Insurance Contract/Insurance Certificate, Techcom Non-Life Insurance will apply an additional premium reduction rate compared to the case where co-payment is not applied, equivalent to the Insured's co-payment rate for each benefit subject to co-payment.

Co-payments only apply to medical treatment expense benefits and do not apply to death/permanent disability/treatment allowance benefits.

Article 10: Changes in Benefits

During the insurance period, Techcom Non-Life Insurance does not agree to changes to the benefits of the signed insurance contract. Insurance benefits can only be changed upon renewal of the insurance contract, unless otherwise agreed with Techcom Non-Life Insurance and agreed to in writing by Techcom Non-Life Insurance.

Article 11: Termination of Insurance Contract

The insurance policy will terminate immediately upon the occurrence of any of the following events, whichever occurs first:

- If either party requests the termination of the insurance contract/insurance certificate, the party requesting termination must notify the other party in writing 30 days prior to the intended termination date.

If the Policyholder requests termination of the Insurance Contract/Certificate before the end of the insurance term, Techcom Non-Life Insurance will only refund 80% of the remaining premium, provided that no claims have been made during the validity period of the Insurance Contract/Certificate (except in cases where a claim has been refused).

If Techcom Non-Life Insurance requests termination of the Insurance Contract/Insurance Certificate before the end of the insurance term, Techcom Non-Life Insurance will refund 100% of the premium for the remaining period.

- At 23:59 on the day the insurance period expires as stipulated in the Insurance Contract/Insurance Certificate.

- Other cases as prescribed by current law.

Techcom Non-Life Insurance's liability will terminate immediately upon termination of the Insurance Contract/Certificate, except in cases where a claim for an insured event arises within the insurance validity period and/or is being processed by Techcom Non-Life Insurance.

Article 12: Renewal of Insurance Contract

The policyholder has the right to choose to renew the insurance contract.

Techcom Non-Life Insurance may refuse to renew the insurance contract or adjust the terms, conditions, benefits, or premiums on the contract's maturity date.

Techcom Non-Life Insurance will notify the Policyholder in writing before the insurance contract's maturity date about the insurance program and the premium payable for the next insurance term.

Article 13: Medical Examination / Medical Assessment

Techcom Non-Life Insurance reserves the right to have medical professionals conduct a medical assessment of the Insured's health condition at any time if necessary, including before receiving insurance and throughout the claim period .

In the event of death, Techcom Non-Life Insurance reserves the right to request an autopsy (if deemed necessary), provided that this does not violate current laws or affect religious beliefs or customs.

Medical examination/medical assessment costs will be covered by Techcom Non-Life Insurance.

Article 14: Responsibilities and Obligations of the Insured / Policyholder

- Declare truthfully and completely all items required in the Insurance Application form.
- Fulfill insurance premium obligations according to the payment terms specified in the Insurance Contract/Insurance Certificate and as required by law.
- This notice concerns any changes that may increase the risk (changes in the nature of the insured's work) or create additional liability for Techcom Non-Life Insurance during the contract execution.
- Implement preventive measures, mitigate potential risks, or take action to minimize potential consequences.
- Be truthful in declaring and providing accurate documentation regarding the insured event .

Article 15: Obligation to declare truthfully

The insured (or their representative if the insured is under 18 years of age) is responsible for fully and truthfully declaring all information related to the insured and the insurance contract and is liable for all information provided to Techcom Non-Life Insurance.

When requesting insurance payment , the Insured (or their representative) is

obligated to collect and provide information, documents, and materials as a basis for settlement of compensation in a truthful, accurate, timely, and complete manner to Techcom Non-Life Insurance, and to facilitate Techcom Non-Life Insurance in checking and verifying the risk when an insured event occurs (if requested).

Techcom Non-Life Insurance reserves the right to suspend the insurance contract and collect premiums up to the point of suspension and/or refuse to pay insurance benefits, depending on the severity of the violation, when the Insured intentionally provides false information to enter into the insurance contract or to receive insurance compensation.

Article 16: Applicable Law: in accordance with the laws of the Socialist Republic of Vietnam

CHAPTER III SCOPE & BENEFITS OF INSURANCE

Article 17: Scope of Coverage :

This Insurance Policy compensates the insured in the event of an accident, illness, disease, or maternity requiring inpatient treatment, and/ or surgery, and/or resulting in permanent total disability, bodily injury, or death.

Article 18: Insurance Conditions:

A prerequisite for this Insurance is that the Insured must fully participate in all Insurance Benefits under Section A, Part I – Main Insurance Benefits and opt in to participate in the Supplementary Insurance Benefit(s) specified in Section B, Part II – Supplementary Insurance Benefits of Chapter III – Scope & Insurance Benefits.

In all cases, the Sum Insured for each Supplementary Benefit shall not exceed the Sum Insured for any Primary Benefit.

The limitations of liability under the Main Insurance Benefits, Supplementary Insurance Benefits, or Subsidiary Benefits are specifically defined in the attached **Benefits Table** or as stipulated in the Insurance Contract/Insurance Certificate.

A. PART I – MAIN INSURANCE BENEFITS

Article 19: Main Insurance Benefits - Accident Insurance

1. Insurance Benefit #1 – Accidental Death Insurance.

Techcom Non-Life Insurance pays 100% of the insured amount as stipulated in the insurance contract /insurance certificate .

2. Benefit #2 – Permanent Disability and Missing Persons Insurance due to Accident.

Techcom Non-Life Insurance pays out insurance benefits according to the stated percentage. Multiply the amount of compensation for health and life damages

(attached) by the insurance amount specified in the insurance contract/insurance certificate.

Article 20: Main Insurance Benefits - Sickness and Illness Insurance

3. Insurance Benefit No. 3 – Death due to illness or disease.

Techcom Non-Life Insurance pays 100% of the insured amount as stipulated in the insurance contract /insurance certificate .

4. Insurance Benefit #4 – Permanent Disability/Impairment Insurance due to Illness or Disease

Techcom Non-Life Insurance pays out insurance benefits according to the percentage stated. Appendix 1 - Table of Disability Compensation Rates (attached to these Insurance Rules) multiplied by the Sum Insured as stated in the Insurance Contract/Certificate.

B. PART II - SUPPLEMENTARY INSURANCE BENEFITS:

Article 21: Additional Insurance Benefits for Personal Accidents

5. Insurance Benefit #5 – Daily allowance during treatment for temporary disability due to accident .

In the event that the Insured suffers a bodily injury covered by the insurance policy , occurring within the insurance validity period , independent of any other cause, and resulting in temporary disability , Techcom Non-Life Insurance will pay the insurance benefit according to the daily allowance entitlement during the treatment of the injury as detailed in the Insurance Contract / Insurance Certificate.

The compensation paid for this period of time off for treatment of injury shall not exceed the amount and duration specified in the Benefits Table or stated in the Insurance Contract/Certificate.

From the date of injury, the compensation amount will be based on the Subtotal for this supplementary clause or on the Insured's monthly salary as stated in the Insurance Contract/Certificate. The daily wage is calculated based on the monthly salary in the employment contract or the latest declaration of the Policyholder/Insured (confirmed by Techcom Non-Life Insurance) at the time of the accident (excluding bonuses, overtime pay, or other variable income) according to the following formula:

Monthly salary (as agreed in the insurance contract)

30 days

6. Insurance Benefit #6 – Accident Medical Expenses Insurance :

In the event that the Insured suffers bodily injury due to an accident, medical expenses will be incurred. (Including inpatient and outpatient treatment at hospitals/medical facilities) within the scope of insurance, Techcom Non-Life Insurance will pay all necessary and reasonable medical expenses according to the detailed liability limits stated in the insurance contract /insurance certificate.

Techcom Non-Life Insurance only provides coverage for this Supplementary Benefit when the Insured has purchased Insurance Benefit No. 1 – **Accidental**

Death Insurance and Insurance Benefit No. 2 – Permanent Disability, Missing Persons Due to Accident Insurance.

Article 22: Supplementary Insurance Benefits - Insurance for medical expenses due to illness, disease, and maternity.

Techcom Non-Life Insurance covers medical expenses incurred in the event that the insured person is injured. Illness, sickness, and maternity requiring inpatient or outpatient treatment are excluded, and exclude cases specified in Article 24: General Exclusions of Chapter IV – Insurance Exclusions of these Insurance Rules.

7. Insurance Benefit #7 - Coverage for inpatient medical expenses due to illness, disease, or maternity.

This insurance covers illness or disease (excluding maternity/childbirth) occurring during the insurance period that requires the Insured to be hospitalized for inpatient treatment and/or inpatient surgery. Techcom Non-Life Insurance will cover necessary and reasonable medical expenses within the detailed liability limits specified in the Insurance **Benefits Table** below.

In case of hospitalization:

In the event that the Insured Person requires hospitalization within the scope of coverage, Techcom Non-Life Insurance will pay the following expenses:

- 7.1. **Hospitalization costs** include:
 - Costs for hospital rooms and beds.
 - The cost of the intensive care unit.
 - Comprehensive hospital expenses.
 - 7.2. **Day treatment** (included in the number of hospital days as stated in Section 25.1.1 above)
 - 7.3. **Surgery** (including organ transplantation, excluding the cost of purchasing organs or organ donation)
 - 7.4. **Costs of treatment in the emergency room** and/or intensive care unit.
 - 7.5. **Rehabilitation** as prescribed by the doctor.
 - 7.6. **Costs for examination, medication, and treatment prior to hospitalization** (30 days before hospitalization).
 - 7.7. **Costs for examination, medication, and treatment after discharge** (30 days from the date of discharge).
 - 7.8. **The cost of home nursing care** for 30 days after discharge from the hospital as prescribed by a doctor.
 - 7.9. **Emergency transportation costs** (excluding air transport)
- and the costs:
- 7.10. Treatment, room and bed charges, and meal costs according to the hospital's inpatient treatment standards (if applicable).
 - 7.11. The cost of laboratory tests or diagnostic imaging methods such as X-rays, MRI, CT scans, PET scans, ultrasounds, and endoscopy (these tests must be

prescribed by a doctor as necessary to assess the patient's condition and must be part of the hospitalization cost).

7.12. Medications, blood transfusions, oxygen, serum, hospital clothing, and other related medical expenses are covered, but not exceeding the daily allowance specified in **the Benefits Table** or Insurance Contract/Certificate.

8. Insurance Benefit #8 – Coverage for outpatient medical expenses due to illness, disease, or maternity.

Insurance benefits

Techcom Non-Life Insurance will pay the Insured participating in this Supplementary Clause the **medical expenses incurred for outpatient treatment** due to illness, disease, or maternity, including maternity complications, during the insurance period, including:

- The cost includes examinations, tests, diagnostic imaging, exploratory procedures, and common medical supplies as prescribed by the doctor.
- The cost of prescription medication.
- Other outpatient treatment costs as prescribed by the doctor.
- Physical therapy, radiation therapy, and light therapy are prescribed by a doctor.

9. Insurance Benefit No. 09 - Dental/Tooth Treatment Insurance

Techcom Non-Life Insurance will reimburse the Insured for medical expenses related to dental treatment at healthcare facilities, including the following costs:

- Periodontal diseases
- Gingivitis
- Dental fillings for pathological conditions (amalgam, composite, Fuji, or other cost-effective materials)
- Root canal treatment
- Extraction of diseased teeth, wisdom teeth, and impacted teeth (including surgery or procedures).
- Tooth extraction
- Teeth cleaning and polishing (twice a year)

10. Insurance Benefit #10 - Maternity Insurance

Conditions for participating in insurance

- Eligible age range: From 18 to 45 years old.
- The insured must participate in all the benefits of **Part I - Main Insurance Benefits** and must participate in **Insurance Benefit No. 7**.
- For pregnancy complications: In addition to the benefits covered by this supplementary insurance, the insured will also receive the maximum benefit within the scope of coverage as per **Part I – Main Insurance Type Benefits and Insurance Clause 8 - Insurance for Outpatient Medical Treatment Expenses**, provided that complete medical records and invoices are provided as required.

Insurance coverage validity:

- For childbirth: This insurance benefit is paid out provided that 270 days have passed since the insurance contract came into effect.
- For pregnancy complications: After 60 days from the effective date of the insurance contract.

Insurance benefits

Techcom Non-Life Insurance will cover medical expenses incurred (including pre-hospitalization costs, costs during childbirth, and costs of maternal care before and/or after childbirth in the hospital), including the following benefits:

a) **Pregnancy complications and difficult childbirth:**

Techcom Non-Life Insurance will cover medical expenses arising from complications during pregnancy or childbirth requiring obstetric procedures, and costs for prenatal and postnatal care at the hospital. Cesarean sections are only covered if deemed necessary by a doctor for the birth; this does not include elective cesarean sections (or re-cesarean sections due to a previous request). Pregnancy and difficult birth complications include, but are not limited to, the following cases:

- Miscarriage or fetal death in the womb.
- Molar pregnancy
- Ectopic pregnancy
- Postpartum hemorrhage
- Retained placenta in the uterus after childbirth.
- Therapeutic abortion includes cases of abortion due to genetic disorders/birth defects in the fetus or abortion necessary to protect the mother's life.
- Threatened premature birth
- Difficult childbirth
- Complications resulting from the above causes.

b) **Natural birth/Vaginal birth with assistance.**

Techcom Non-Life Insurance will cover medical expenses incurred during normal childbirth, including but not limited to: delivery assistance, general hospital fees, specialist doctor fees, prenatal and postnatal care at the hospital, and cosmetic suturing costs for the incision.

c) **Cesarean section (as directed by the doctor).**

d) **Cesarean section not performed as directed by a doctor.**

allowance if combined with the use of Health Insurance (Health Insurance covers 40% or more of the cost).

11. Insurance Benefit #11 – Daily allowance during inpatient treatment due to illness or disease .

Techcom Non-Life Insurance pays insurance benefits to the insured according to the entitlement. Daily **allowance** during inpatient treatment due to illness or disease as specified in the detailed Limitation of Liability in the Insurance Contract/ Certificate.

12. Insurance Benefit No. 12 - Funeral Allowance Insurance (in case of death in hospital after inpatient treatment due to illness or disease).

CHAPTER IV

INSURANCE EXCLUSIONS

Article 23: General Exclusions applicable to the Main Insurance Benefit – Accident Insurance (including Benefit 1 and Benefit 2), specifically:

- a) The insured's acts of fighting, unless it can be proven that the fighting was solely for self-defense.
- b) Participating in aviation activities (except as a passenger), participating in military training exercises, and participating in combat with the armed forces.
- c) Participate in training or competition in professional sports, any racing activity.
- d) Insured persons aged 14 and above who violate the law and are serving a criminal sentence and/or violate traffic safety laws while driving a vehicle and have a blood alcohol concentration exceeding 50 milligrams/100 milliliters of blood or 0.25 milligrams/1 liter of breath (equivalent to 10.9 mmol/L); or violate the internal regulations of the agency according to the Labor Law.
- e) The consequences of the accident occurred outside the insurance coverage period.

Article 24: General Exclusions (Applicable to all benefits)

Techcom Non-Life Insurance is **not** liable to pay insurance claims for risks arising from the following causes:

- a) Intentional acts of the Insured or their legal heirs, except in cases where the accident occurs as a result of the Insured's actions to save lives, protect state or public property, and/or participate in combating illegal activities.
- b) The insured person was driving a vehicle with a blood alcohol concentration exceeding 50 milligrams/100 milliliters of blood or 0.25 milligrams/1 liter of breath (equivalent to 10.9 mmol/L), and the insured person was under the influence of alcohol, beer, or other stimulants or addictive substances that caused the accident or illness.
- c) Medical treatment or medication without a prescription and doctor's guidance; traditional Chinese medicines of unknown origin; private traditional Chinese medicine clinics and treatment centers.
- d) Catastrophic risks include earthquakes, volcanic eruptions, tsunamis, radiation contamination, and epidemics as declared by competent authorities (including SARS, H5N1, Ebola).
- e) War, civil war, strikes, terrorism, riots, civil unrest, rebellion, civil activities or actions by any leader of an organization aimed at overthrowing, threatening, or controlling the government by force.
- f) Tuberculosis of all types, malaria, occupational diseases, leprosy.
- g) Cancer.
- h) Individuals undergoing treatment for injuries or illnesses, or those with permanent disabilities exceeding 50% at the time of enrollment or at the time the insurance contract becomes effective, are not eligible.
- i) Bone marrow failure, leukemia, dialysis treatment, hemodialysis, and the consequences or complications of these diseases.
- j) Hormone replacement therapy is used during the growth period or in women during perimenopause or menopause.
- k) Treatment of sexually transmitted diseases such as syphilis, gonorrhea, sexual dysfunction, or treatment of physiological and pathological conditions related to

immunodeficiency syndrome (HIV), including AIDS-related syndromes and/or any complications or changes, or sexually transmitted diseases or any AIDS-related syndromes or other AIDS-related diseases.

- l) Treatment and/or surgery for congenital diseases, genetic diseases/birth defects/malformations, and malformations. Genes and all complications and consequences related to these diseases, surgical indications prior to the start date of insurance; including the categories listed below and/or those listed in the Amendments as an attachment to the Rules/Insurance Policy such as congenital heart disease, Down syndrome, cleft lip, cleft palate, hydrocephalus, anal stenosis, phimosis, congenital septal deviation.
- m) Routine health check-ups (inpatient or outpatient); general health check-ups, cancer screenings with normal results, medical examinations or medical consultations unrelated to the treatment of illness or injury, including gynecological/andrological examinations; routine tests, routine check-ups for newborns, all forms of immunization, vaccines and preventive medications (except for vaccinations after accidents or animal/insect bites).
- n) Vision examination, cataracts, normal hearing, aging, degenerative treatment of natural/non-pathological impairment of hearing and vision, including the categories listed below and/or other categories listed in the Amendments as an attachment to the Rules/Insurance Policy such as refractive errors such as myopia, hyperopia and astigmatism and any corrective surgery for degenerative hearing and vision impairments.
Dry eye and accommodative eye strain are covered up to 5% of the outpatient insurance coverage per visit, and not exceeding the outpatient treatment coverage limit.
- o) Childbirth (including cases of complications resulting from childbirth, premature birth), except in cases where a supplementary Maternity Insurance clause is included.
- p) Dental treatment costs include both inpatient and outpatient treatment, unless an additional Dental Insurance policy is included.
- q) Treatment or surgery requested by the Insured, which is not routine treatment; examinations and tests that do not result in a diagnosis or where the doctor concludes that no illness requires treatment.
This particular exclusion clause for treatment or surgery on demand will not apply to costs incurred at private clinics or voluntary/on-demand treatments within public hospitals.
- r) Cosmetic procedures, plastic surgery, and reconstructive surgery.
- s) Treatments for hyperpigmentation (melasma), acne, and hair loss are excluded from outpatient coverage. However, if the Insured Person requires inpatient treatment for these conditions, they will still be covered under the inpatient sickness benefit scheme.
- t) The cost of supplying, maintaining, repairing, or replacing/replacing assistive devices or prosthetics (any artificial component that is implanted or inserted into the body to replace body parts).
- u) Costs related to surgery and treatment of illness/injury using stem cell transplantation include the categories listed below and/or other categories listed in the Amendments as an attachment to the Rules/Insurance Contract, such as the cost of extracting, processing, and transplanting stem cells, maintenance treatment

- after transplantation, and the consequences of this treatment. In this particular case, only the cost of inpatient hospitalization at public hospitals is covered.
- v) Dietary supplements or alternatives are available in nature and can be purchased without a prescription, including those listed here and/or other similar categories such as vitamins, tonics, minerals and organic food supplements, immune boosters, and medical preparations.
 - w) Family planning procedures, consequences of abortion due to psychological or social reasons, treatment of male/female infertility, artificial insemination, treatment of impotence/erectile dysfunction, or gender reassignment, and any consequences or complications arising from these treatments.
 - x) Treatment for weight management (weight gain or loss); malnutrition, rickets, obesity.
 - y) Treatment of mental and behavioral disorders, psychosis/neurosis or developmental delay, attention deficit disorder, autism. Treatment of sleep disorders, insomnia, unexplained snoring, fatigue and stress syndrome or related conditions.
 - z) Treatment at clinics/hospitals/medical facilities that are illegal according to Vietnamese law or the law of the host country (in cases extending beyond Vietnam) includes the doctor's prescription from such clinics/hospitals/medical facilities for purchasing medication or undergoing tests and treatments at legal clinics, hospitals, or pharmacies.
 - aa) Examination and treatment not in accordance with the procedures of hospitals, clinics, and medical facilities.
 - bb) conditions as defined in Chapter I – Definitions of this Insurance are only covered from the second year of continuous participation.
 - cc) Specific illnesses as defined in Chapter I - Definitions are only covered from the second year of continuous insurance coverage.
 - dd) Costs and treatments for individuals who are not eligible for insurance coverage.
 - bb) Experimental treatments, treatments not recognized by science, and free treatment services at any hospital.

CHAPTER V COMPENSATION PROCEDURE

Article 25: Time Limit for Claiming Compensation

- a) When an insured event occurs, the insured, their representative, legal heir, or beneficiary must file a claim with Techcom Non-Life Insurance within 60 days of the last treatment or the date of the insured event (death), or 180 days for maternity (but no more than one year from the date of the insured event).
- b) The period during which a force majeure event or other objective obstacle occurs is not included in the time limit for claiming insurance benefits.

Article 26: Claim Documents

When requesting Techcom Non-Life Insurance to pay out insurance benefits, the Insured and/or their legal heir must notify/submit the following documents to Techcom Non-Life Insurance:

- Claim form/Claim request form (original)

- In case of an accident: provide all documents related to the accident (originals or legal copies), including:
 - + Domestic accidents: An accident report summarizing the accident process, with confirmation from witnesses and local authorities/police where the accident occurred. For simple accidents (e.g., insect bites, dust in the eyes, etc.), this should be clearly stated on the insurance claim form and no accident report is required.
 - + Workplace accident: Accident report in the Techcom Non-Life Insurance format / Workplace accident report certified by the employer where the Insured works.
 - + Traffic accidents:
 - ✓ Accident report /investigation conclusion certified by the local authorities or the competent police investigating the incident at the location where the Insured had the accident .
 - ✓ documents include: driver's license, vehicle registration certificate in case of an accident while driving (original or certified copy by a notary public or certified copy verified against the original by Techcom Non-Life Insurance).
- Medical documents if the Insured Person requires treatment : all medical documents related to the Insured Person's treatment (original and legally certified copies).

Inpatient treatment: Discharge papers , surgical report (in case of surgery) , prescription according to regulations, follow-up examination records (if any), pre-admission records (if any). In addition, Techcom Non-Life Insurance may request a medical summary, test results, and imaging scans if additional information is needed to verify the medical necessity of the treatment...

Outpatient treatment: Medical record /examination form , prescription, follow-up visit records (if any) ...
- Payment documents (originals, as prescribed by the Ministry of Finance and the General Department of Taxation): invoices (except electronic invoices) , receipts, payment vouchers, detailed statements, and other valid documents. Invoices and payment documents will be the property of Techcom Non-Life Insurance.
- In case of death: Death certificate (original or notarized copy) and inheritance distribution document/authorization to receive the death benefit from the beneficiary (if a beneficiary has not been designated for the death benefit).
- In the case of Total Permanent Disability or Total Permanent Injury: The disability assessment results must be issued by the Provincial/City Medical Assessment Council or a legally recognized medical assessment organization, and must be completed no earlier than 180 days from the date of the insured event.

Article 27: Beneficiaries receive compensation.

- The beneficiary is designated to receive the insurance payout as agreed in the

insurance contract/insurance certificate.

- In the event of death and without a designated beneficiary, the compensation will be paid to the insured's legal heir or a legally authorized representative.
- In cases where other benefits are claimed and no beneficiary is designated, the compensation is paid to the insured or their legally authorized representative.
- In cases where there are multiple beneficiaries, if one or more beneficiaries intentionally cause the death or permanent disability of the Insured, Techcom Non-Life Insurance is still obligated to compensate and pay insurance benefits to the other beneficiaries as agreed in the insurance contract.

Article 28: Time limits for resolving complaints and initiating legal proceedings

- Techcom Non-Life Insurance is responsible for reviewing, processing, and paying insurance claims within 15 working days from the date of receiving complete and valid documentation.
- The deadline for filing a claim with Techcom Non-Life Insurance regarding insurance payment settlement is 12 months from the date of receiving notification of the settlement result from Techcom Non-Life Insurance. After this deadline, all claims will be invalid.

CHAPTER VI DISPUTE RESOLUTION

In the event of a dispute arising in connection with an insurance contract /insurance certificate , if the parties cannot resolve the matter through negotiation, either party has the right to bring the case to a competent court in Vietnam for resolution in accordance with the law .

ATHECOM HEALTH
GENERAL MANAGER
INSURANCE

APPENDIX 1 - DISABILITY INSURANCE PAYOUT RATES TABLE

(Attached and an integral part of the TCGIns Health Insurance Rules (TCGIns Care) issued with Decision No. /QD-TCBI dated month year 2025 of the General Director of Techcom Non-Life Insurance Joint Stock Company)

100% **Fatalities**.....

TOTAL DISABILITY

1. 100% blindness or complete loss of vision in both eyes.
2. 100% curable.
3. Complete loss of chewing and speaking function (100%).
4. Complete loss or paralysis of both arms (from the shoulder or elbow down) or both legs (from the hip or knee down) 100%
5. Loss of both hands or both feet, or loss of one arm and one foot, or loss of one arm and one lower leg, or loss of one hand and one lower leg, or loss of one hand and one foot (100%)
6. One lung is completely removed, and a portion of the other lung is removed (100%).

PARTIAL INJURIES

UPPER LIMB

7. Loss of one arm from the shoulder down (shoulder amputation) 80%
8. Amputation of the arm from below the shoulder down to 75%.
9. Amputation of one arm from the elbow down (elbow disarticulation) 70%
10. Complete loss of all phalanges of one hand or simultaneously, all five fingers 65%
11. Simultaneous loss of all four fingers (excluding the thumb) in 45% of cases.
12. Simultaneous loss of both the thumb and index finger, 40%
13. Simultaneous loss of all three fingers (3, 4, and 5) in 32% of cases.
14. Simultaneous loss of the entire thumb and two other fingers: 37%
15. Simultaneous loss of the entire thumb and one other finger: 32%
16. Simultaneous loss of the entire index finger and two other fingers: 37%
17. Simultaneous loss of the entire index finger and one middle finger in 32% of cases.
18. Simultaneous loss of the entire thumb and metacarpal bone in 27% of cases.
 - Complete loss of the thumb (22%).
 - Loss of 12% in the distal pharynx.
 - Loss of half of the distal pharynx, 8%

- 19. Loss of index finger and metacarpal bone (22%).
 - 20% loss of the index finger.
 - 10% in segments 2 and 3.
 - Loss of segment 3, 9%
- 20. Complete loss of the middle or ring finger (including the metacarpal bone) 20%
 - Loss of the entire middle or ring finger (17%)
 - 10% in segments 2 and 3.
 - Loss of segment 3 5%
- 21. Loss of both little finger and metacarpal bone (17%).
 - Loss of the entire little finger (..... 12%).
 - Loss of 2nd and 3rd segments (9%)
 - Loss of segment 3 5%

LOWER LIMB

- 22. Loss of one leg from the hip down (hip and thigh amputation) 80%
- 23. One thigh amputation
 - 1/3 of 75%
 - 1/3 middle or below 65%
- 24. Amputation of one leg from the knee down (knee joint removal) 65%
- 25. Ankle amputation or loss of one foot (60%)
- 26. Loss of talus bone 37%
- 27. 40% heel bone loss.....
- 28. Loss of the tibia and fibula causes pseudoarthrosis of the lower leg in 40% of cases.
- 29. 25% fibula loss.....
- 30. Loss of ankle
 - Outer corn 12%
 - Corns in 17%
- 31. 50% loss of all 5 toes.
- 32. Loss of 4 fingers, including the thumb (..... 42%)
- 33. Lost 4 fingers, excluding the thumb, 40%
- 34. Loss of fingers 3, 4, and 5 (27%)
- 35. Loss of 3 fingers (1, 2, and 3) - 32%
- 36. Loss of one thumb and two fingers (22%)
- 37. Loss of one thumb (..... 17%)
- 38. Loss of one finger other than the thumb (..... 12%)
- 39. 10% of the thumb joint.
- 40. 25% of hip stiffness is irreversible.....
- 41. Irreversible knee stiffness in 35% of cases.
- 42. A broken leg shortens the limb.
 - at least 5 cm 42%
 - from 3 - 5 cm 37%

- 43. Complete paralysis of the lateral popliteal nerve (..... 40%)
- 44. Complete paralysis of the sciatic nerve in 30% of cases.

SPINE

- 45. 35% removal of the posterior arch of one vertebra.....
- 46. Resection of the posterior arch of 2-3 or more vertebrae (50%).

BRAIN

- 47. Cranial bone defects, no neurological or psychiatric symptoms, diameter less than 6 cm (30%)
- 48. Cranial bone defect, no neurological or psychiatric symptoms, diameter from 6 to 10 cm (50%)
- 49. Cranial bone defect, no neurological or psychiatric symptoms, diameter greater than 10 cm (60%)
- 50. Language disorders resulting from brain injury:
 - Speech impediments, stuttering, and difficulty speaking affect communication . by 35%.
 - 65% damage to the Broca's area.....
 - Loss of written communication ability, loss of language recognition due to 60% damage to the Werrickety area.....

CHEST

- 51. Complete removal of 1-2 ribs (17%)
- 52. Complete removal of 3 ribs (for each rib removed, add 5% to the total removal) 25%
- 53. Remove a segment of each rib (each additional rib segment removed increases the percentage by 3%) 8%
- 54. 75% of one lung was removed.....
- 55. 70% reduction in vital capacity.....
- 56. Unilateral multi-lobectomy (55%)
- 57. 40% lung lobe resection.....

BELLY

- 58. 80% total gastrectomy.....
- 59. 55% gastrectomy.....
- 60. Almost all of the small intestine was removed (less than 1 meter remaining) - 80%
- 61. 45% small bowel resection
- 62. 80% total colectomy
- 63. 55% colon resection.....
- 64. Right hepatectomy (..... 75%)
- 65. Left hepatectomy (65%)
- 66. Removing half of a 60%
liver lobe.
- 67. Removing 1/3 of a liver lobe (40%)

- 68. Resection of less than 1/3 of a liver lobe (30%)
- 69. 50% gallbladder removal
- 70. 45% splenectomy
- 71. Pancreatic tail and spleen removal (65%)

URINARY AND REPRODUCTIVE SYSTEMS

- 72. One kidney was removed; the remaining kidney is 55% normal.
- 73. One kidney is removed, and the remaining kidney is damaged or diseased by 75%.
- 74. Partial removal of the left or right kidney (35%)
- 75. Loss of penis and both testicles in men under 55 who have never had children: 75%
- 76. Loss of penis and both testicles in men under 55 who have already had children: 60%
- 77. Loss of penis and both testicles in men over 55 years old occurs in 40% of cases.
- 78. Hysterectomy and unilateral oophorectomy are performed on 65% of women under 45 who have never had children.
- 79. Unilateral hysterectomy and oophorectomy in women under 45 who have had children: 35%
- 80. Unilateral hysterectomy and oophorectomy in women over 45 years old: 27%
- 81. Mastectomy in women under 45 years old, unilateral, 25%
- 82. Mastectomy in women under 45 years old, 50% on both sides.
- 83. Mastectomy in women over 45 years old, unilateral, 17%
- 84. Mastectomy in women over 45 years old, bilateral, 35%
- 85. Partial bladder resection (30%)

EYE

- 86. Complete loss or blindness in one eye, unable to fit a prosthetic eye (60% chance).
- 87. Complete loss or blindness in one eye, but a prosthetic eye is possible with 55% of vision.
- 88. One eye has vision remaining at 1/10 (37%).
- 89. One eye has a remaining vision of 2/10 to 4/10 (15%)
- 90. One eye has vision remaining between 5/10 and 7/10 (10%)
- 91. Complete loss or blindness in one eye, but prior to this accident, the person had already lost or lost 90% of vision in one eye.

EAR - NOSE - THROAT

- 92. Profound bilateral hearing loss that is completely irreversible (hearing sounds above **91 dB** or no hearing at all) 80%
- 93. Severe bilateral hearing loss (hearing sounds from **71-90 dB**) 65%

94. Moderate to severe bilateral hearing loss (hearing sounds from 56-70 dB)	40%
95. Moderate bilateral hearing loss (hearing sounds from 41-55 dB)	20%
96. Profound, irreversible hearing loss in one ear (hearing sounds above 91 dB or 35% hearing loss)	
97. Severe unilateral hearing loss (hearing sounds from 71-90 dB)	15%
98. Moderate to severe unilateral hearing loss (hearing sounds from 56-70 dB)	8%
99. Complete loss of both earlobes (excluding cases where earlobes are used for reconstruction to treat lesions in other locations)	30%
100. Complete loss of one earlobe (excluding cases where the earlobe is used for reconstruction to treat lesions in other locations)	15%
101. Complete loss of	40% of the nose.

FACE

102. Complete loss of the upper jaw and partial loss of the lower jaw from the superior ramus downwards on the opposite side	(85%)
103. Complete loss of the upper jaw and partial loss of the lower jaw from the ascending ramus downwards on the same side	(75%)
104. 75% of the upper or lower jawbone.....	
105. Partial loss of the upper or lower jawbone, with 1/3 to 1/2 of the bone missing from the upper ramus downwards	(40%).
106. 35% of people who have lost more than 8 teeth cannot have dentures fitted.....	
107. Losing 5 to 7 teeth makes it impossible to fit dentures	(20%).
108. 80% remaining at the base (from the V-shaped spine outwards).	
109. Loss of 2/3 of the tongue from the tip	(55%)
110. Losing one-third of the tongue affects pronunciation	by 20%.
111. Losing a small portion of the tongue (less than 1/3) affects pronunciation	by 10%.

Insurance payouts under this table will be based on the patient's medical records and will adhere to the following principles:

- Complete loss of function of individual body parts or total paralysis of a limb is considered as loss of that body part or loss of the limb.
- In the case of multiple injuries, insurance benefits are paid for each injury separately, but the total amount paid to the Insured shall not exceed the Sum Insured. In the case of multiple injuries to the same limb, the total amount paid for all injuries shall not exceed the percentage of loss of that limb.



ATHECOM HEALTH
INSURANCE