TECHCOMINSURANCE

CÔNG TY CỔ PHẦN BẢO HIỂM PHI NHÂN THỌ TECHCOM

CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM
Độc lập - Tự do - Hạnh phúc

Số: 100/2026/QĐ-TCGIns

Tp. Hà Nội, ngày 01 tháng 6 năm 2026

QUYẾT ĐỊNH
V/v: Ban hành Quy tắc Bảo hiểm Sức khỏe Bù đắp chi phí y tế

TỔNG GIÁM ĐỐC
CÔNG TY CỔ PHẦN BẢO HIỂM PHI NHÂN THỌ TECHCOM

- *Căn cứ Luật Kinh doanh Bảo hiểm số 08/2022/QH15 ngày 16/06/2022 và các văn bản hướng dẫn thi hành;*
- *Căn cứ Giấy phép số 99/GP/KDBH cấp ngày 02/10/2024 của Bộ Tài Chính về việc thành lập và hoạt động của Công ty Cổ phần Bảo hiểm Phi nhân thọ Techcom;*
- *Căn cứ công văn số 897/QLBH-PNT v/v chấp thuận phương pháp, cơ sở tính phí sản phẩm Bảo hiểm sức khỏe bù đắp chi phí y tế ngày 06/05/2026 của Bộ Tài chính gửi Công ty cổ phần Bảo hiểm Techcom;*
- *Căn cứ Nghị quyết số 02/NQ-ĐHĐCĐ ngày 03/10/2024 của Đại hội đồng cổ đông về việc ban hành Điều lệ Công ty Cổ phần Bảo hiểm Phi nhân thọ Techcom (TCGIns);*
- *Xét đề nghị của Giám đốc Khối KD&GP Bảo hiểm bán lẻ.*

QUYẾT ĐỊNH:

Điều 1. Ban hành kèm theo Quyết định này Quy tắc, Bảng quyền lợi bảo hiểm và Biểu phí (phiên bản tiếng anh) bảo hiểm Sức khỏe bù đắp chi phí y tế.

Điều 2. Quyết định này có hiệu lực kể từ ngày ký ban hành;

Điều 3. Các Phó Tổng giám đốc, Kế toán trưởng, Trưởng/Phụ trách các Khối và Giám đốc các Chi nhánh chịu trách nhiệm thi hành Quyết định này./.

Nơi nhận:
- Như Điều 3;
- CT HĐQT (để b/cáo);
- Lưu: VT, QLNV,2

TỔNG GIÁM ĐỐC

S.G.P: 99/GP/KDBH
CÔNG TY CỔ PHẦN BẢO HIỂM PHI NHÂN THỌ TECHCOM
P. YÊN HÒA - T.P HÀ NỘI

Nguyễn Quang Vinh

TECHCOMINSURANCE

TECHCOM NON-LIFE INSURANCE JOINT STOCK COMPANY

SOCIALIST REPUBLIC OF VIETNAM
Independence – Freedom – Happiness

HEALTH INSURANCE POLICY REIMBURSEMENT OF MEDICAL EXPENSES

(Issued under Decision No.102/2026/QD-TCGIns dated .01 month .6. year 2026 of the General Director of Techcom Non-life Insurance Joint Stock Company)

This insurance policy constitutes an agreement between Techcom Non-life Insurance Joint Stock Company (hereinafter referred to as **"Techcom Non-life Insurance"**) and the Policyholder/The Insured whose name appears on the Insurance Contract/Certificate of Insurance.

The insurance benefits are specifically stipulated in the Insurance Contract/Certificate of Insurance.

SECTION I – DEFINITIONS

1. **Policyholder**

   An organization lawfully established and operating in Vietnam, or an individual in Vietnam aged 18 years or older with full civil capacity at the time of entering into an insurance contract (abbreviated as Insurance Contract) with Techcom Non-life Insurance and paying insurance premiums. The Policyholder may simultaneously be The Insured or the Beneficiary.

   Meeting the conditions for purchasing insurance according to the terms and conditions of the insurance policy.

2. **Insured Person**

   The person whose life, health, and longevity are insured under the Insurance Contract. The eligible age for insurance participation is from 15 days old to 60 years old, and extended to 65 years old for continuous renewal cases.

3. **Beneficiary**

   The person designated by the Policyholder/The Insured to receive insurance benefit payments under the Insurance Contract/Certificate of Insurance when an insured event occurs as agreed in the Insurance Contract/Certificate of Insurance.

   The designation and change of beneficiaries shall be carried out in accordance with current legal regulations. In cases where no Beneficiary is designated and The Insured has died, Techcom Non-life Insurance shall process according to the inheritance provisions of the Civil Code.

4. **Age**

   The age of The Insured on the effective date of the Insurance Contract, calculated according to the birthday (calendar year) immediately preceding the commencement date of the insurance term of the Certificate of Insurance/Insurance Contract.

5. **Insurance Contract**

This is an agreement between the Policyholder and Techcom Non-life Insurance. The Insurance Policy includes the Application for Insurance, Insurance Contract/Certificate of Insurance, insurance policy terms and conditions, Schedule of Insurance Benefits, and other relevant documents in accordance with legal regulations.

6. **Continuous Renewal**

This refers to a new insurance certificate/policy applying the same insurance policy wordings and having insurance benefits lower than or equal to the insurance certificate/policy previously purchased by the Insured, with the insurance commencement date being the day following the expiration date of the previously purchased certificate/policy at Techcom Non-Life Insurance.

7. **Insured Event**

An objective event as defined in the Scope of Insurance section of these policy wording, terms and conditions, which when occurs, Techcom Non-life Insurance shall pay insurance benefits to The Insured or the Beneficiary.

8. **Date of Occurrence of Insured Event**

Depending on each insurance benefit, the date of occurrence of the insured event is determined as

- The date The Insured suffers an accident for benefits related to treatment or injury due to accident
- The date The Insured receives a disease diagnosis or begins treatment for benefits related to injury, treatment, or medical examination

9. **Sum Insured**

The maximum amount stated in the Schedule of Insurance Benefits that Techcom Non-life Insurance may pay for each insurance benefit during the insurance term to each Insured/Beneficiary when an insured event occurs.

10. **Co-Payment**

Co-payment is the percentage that Techcom Non-life Insurance and The Insured jointly pay when expenses within the insurance scope of the Insurance Contract are incurred.

The maximum limit of insured expenses after co-insurance equals the Sum Insured of the benefit specified in the Certificate of Insurance/Insurance Contract or the corresponding Schedule of Insurance Benefits.

11. **State Health Insurance (abbreviated as BHYT)**

This is a form of insurance applied to eligible individuals as stipulated by the Health Insurance Law to provide healthcare, and is organized and implemented by the State on a non-profit basic.

12. **Medical examination and treatment costs**

Actual medical expenses incurred for the diagnosis and treatment of the Insured Person as prescribed by a physician. These expenses must be necessary and reasonable expenses at the medical facility providing the treatment, and must be invoiced in accordance with legal regulations.

Necessary and reasonable medical expenses are medical expenses that are medically necessary for the diagnosis and treatment of illness or disease and do not exceed the general cost level of medical service providers of the same level within the geographical area of

the rule where the expenses are incurred, when providing equivalent treatment services or levels of treatment, services, or provision of services for similar illnesses or injuries. 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.

13. Laboratory Tests and Diagnostic Imaging Costs

The costs of medical incurred for using medical technical services standardized in professional procedures following treatment protocols of the Ministry of Health, prescribed by a doctor for the purpose of diagnosing or treating disease/injury and stipulated according to documents and circulars of the Ministry of Health.

14. Hospital Bed Fee

Medical costs for treatment bed in a Standard Room and/or special care room (ICU) and medical costs directly related to treatment of The Insured, including necessary medical care expenses provided by a licensed nurse. Techcom Non-life Insurance does not reimburse non-medical expenses such as telephone, newspapers, guest reception, cosmetics.

Standard Room:

- The Insurer shall indemnify the Insured for Room and Board expenses incurred on an actual and reasonable basis in respect of accommodation in a standard ward or a request-based (private) inpatient room, excluding any ancillary service charges and room reservation or blocking fees. Where the Insured occupies a request-based (private) inpatient room, the maximum benefit payable shall not exceed the room rate applicable to a four (04)-bed request-based ward, in accordance with the prevailing schedule of request-based inpatient bed charges promulgated by the Ministry of Health at the time such expenses are incurred.
- Where the medical facility only has available rooms with a lower bed capacity, the Insurer shall indemnify the Insured based on the lower of (i) the actual expenses incurred and (ii) the maximum room rate applicable to a four (04)-bed request-based ward as stipulated by the Ministry of Health. Any expenses in excess of such limit shall be borne by the Insured.
- Special care room (ICU): A treatment room as prescribed by the treating Doctor at the medical facility for special medical care purposes such as: special care room, isolation treatment room, post-operative intensive care room (excluding on-demand rooms, occupied rooms, VIP rooms, etc.)

15. Chemotherapy

A method of treating disease (usually cancer) by using cytotoxic drugs or special chemical substances aimed at destroying malignant cells or preventing them from dividing and developing. In the technical catalog of the Ministry of Health, Chemotherapy is classified under Specialized Oncology Technical Services.

16. Radiotherapy

A treatment method using ionizing radiation (such as X-rays, Gamma rays, electron beams or protons) to destroy cancer cells or damage their genetic material, preventing them from developing further. The Ministry of Health defines Radiotherapy as an advanced technique in Oncology and Radiology specialties.

17. Waiting Period

This is the period calculated from the insurance effective date during which related insurance benefits are not payable, including cases where the time of risk occurrence falls

within the Waiting Period but expenses or consequences of this risk treatment extend beyond the stipulated Waiting Period. The Waiting Period applicable to a benefit must be shown on the corresponding Insurance Contract/Certificate of Insurance for that benefit.

18. Accident

An unexpected, unforeseeable event, against the will of The Insured, caused by an external force acting upon the body of The Insured and being the direct and sole cause of bodily injury or death to The Insured.

Under these policy terms and conditions, cases of drowning, electrocution, fire burns, thermal burns, chemical burns, smoke inhalation from fire, and airway foreign body are also considered Accidents.

19. Illness and Injury

A condition in which the body shows signs of a pathological condition different from normal health status requiring medical treatment (excluding dental conditions)

20. Pre-existing Conditions

Any disease or injury of The Insured that had signs or symptoms onset within 24 months prior to the insurance effective date or had been diagnosed or treated by a Doctor before the insurance effective date.

For the purposes of this Wording Policy, in addition to pre-existing conditions as defined above, the following conditions shall also be deemed to be Pre-existing Conditions: tonsillitis requiring tonsillectomy; adenoid hypertrophy requiring adenoidectomy; deviated nasal septum requiring surgical correction; vestibular disorders; degenerative joint, vertebral or spinal conditions, including natural degenerative changes; otitis media requiring surgical intervention; intervertebral disc herniation; and asthma.

Determination of pre-existing conditions is based on the following priority order:

- Medical records stored at hospitals or legally established Medical Facilities;
- Medical documents issued by the Ministry of Health and competent authorities;
- Information self-declared by the Policyholder, The Insured on the insurance application form or supplementary information form.

21. Chronic disease

A disease condition that, in the opinion of a legally practicing general practitioner, specialist doctor or medical consultant, is a long-term progressive disease with no possibility of complete cure. The determination of a Chronic Condition shall be based on the list of long-term treatment conditions issued by the Ministry of Health or as evidenced by relevant medical documentation.

22. Critical Illness

Critical Illness means a group of one hundred (100) types of cancer and sixty (60) serious medical conditions, as identified by their respective ICD codes and specified in Appendix 1 attached to this Policy, including all sub-codes associated with such ICD classifications.

23. Common Diseases

Any illness or condition that does not fall within the list of Critical Illnesses as defined under this Policy.

24. Diseases, Congenital Defects

Any disease/defect formed in the fetus during the mother pregnancy, present at birth and may be described by medical institutions under various names such as congenital

disease/birth defects, congenital deformities, malformations and chromosomal abnormalities. Determination of congenital diseases and defects must be diagnosed by a Doctor and indicated on medical documents as corresponding disease codes prescribed by the International Classification of Diseases (ICD) and amendments, supplements, replacements (if any) or medical documents, documents issued by the Ministry of Health and competent authorities.

25. Hereditary Diseases

Any disease appearing in persons of the same bloodline or the transmission of pathological conditions from parents to children through parental genes and/or transmitted from one generation to another, from one generation to the next among persons of the same bloodline. Determination of hereditary diseases must be diagnosed by a Doctor and indicated on medical documents as corresponding disease codes prescribed by the International Classification of Diseases (ICD) and amendments, supplements, replacements (if any) or medical documents, documents issued by the Ministry of Health and competent authorities.

26. Medical Facility

Medical examination and treatment at medical facilities as prescribed by law on medical examination and treatment that have signed health insurance medical examination and treatment contracts with social insurance agencies.

27. Classification of Medical Expenses

Drugs and Biologicals: list of chemical drugs and biologicals within the scope of benefits for health insurance participants (according to Circular 20/2022/TT-BYT and amending supplements if any).

- Medical Supplies: list of medical supplies within the scope of benefits for health insurance participants including common medical supplies, specialized medical supplies, and medical devices used in technical services (According to Circular 24/2025/TT-BYT and amending supplements if any).
- Direct Costs: Reimbursement rates for direct costs are specifically stipulated for drugs and medical devices based on quantity and unit price stated on invoices purchased by patients (According to Article 60 of Decree 188/2025/ND-CP and amending supplements if any)
- Technical Services: List of techniques in medical examination, treatment, inpatient care and other technical services (According to Circular 23/2024/TT-BYT and amending supplements if any).

28. Public Hospital

A facility that has been granted an operating license for medical examination and treatment by competent authorities of Vietnam to provide medical examination and treatment services. A public hospital is an organization established and managed by competent State agencies according to legal regulations, with legal entity status, seal, account and accounting organization according to accounting law provisions to perform the task of providing public services or serving State management in medical examination and treatment professional fields - according to Decree 60/2021/ND-CP. Public hospitals must strictly comply with the medical examination and treatment service price framework issued by the Ministry of Health.

29. Health Insurance Treatment at Correct Level

Includes cases at the correct initial registration location at the medical facility stated on the health insurance card; district-level hospitals, provincial-level hospitals or emergency

cases; cases of valid referral and other cases according to current health insurance regulations.

30. Health Insurance Treatment Not at Correct Level

Includes all cases of medical examination and treatment using health insurance that do not fall under correct level regulations.

31. Doctor

A person with professional medical qualifications licensed or recognized by competent authorities to legally practice medicine within the scope of the license according to Vietnamese law. The Doctor must not simultaneously be the spouse, father/mother, child, sibling of The Insured/Policyholder.

32. Inpatient Treatment

Medical treatment when The Insured completes admission procedures and occupies a hospital bed/stays at the Medical Facility. The discharge certificate is one of the necessary documents to claim compensation for this benefit. The unit of hospital days is calculated as 24 hours or on the detailed hospital fee statement.

33. Day Treatment

Medical treatment of The Insured with confirmed diagnosis, treatment protocol and incurring Hospital Bed Charges but not requiring overnight hospital stay. The discharge certificate is one of the necessary documents to claim compensation for this benefit.

34. Emergency

Emergency treatment at a Medical Facility within 24 hours after an accident or disease symptoms that may be life-threatening and health-threatening, requiring treatment in the emergency room and the records must have emergency confirmation from the Medical Facility.

Treatment in the emergency room due to reasons outside the service hours of the Medical Facility is considered outpatient treatment.

35. Surgery: A scientific method for treating injury or disease performed by qualified surgeons through manual operations with medical instruments or medical equipment in hospitals including but not limited to open surgery, endoscopic surgery, laser surgery, surgical procedures/minor surgery using appropriate anesthesia methods for curative purposes. The list of surgeries/procedures/minor surgeries is applied according to current regulations of the Ministry of Health.

The scope of surgical expense benefits includes related fees in surgery such as list of drugs, medical supplies, surgical techniques.

36. Doctor Prescribed Medication

Medications prescribed by Doctors according to the prescription regulations of the Vietnam Ministry of Health and legal provisions.

37. Drug Costs

The actual value of drugs (listed price at medical examination and treatment facilities) when used for patients, with cost composition and reimbursement scope according to regulations of the Ministry of Health.

38. Prosthetics

Any artificial component that is installed or implanted into the body to replace body parts.

39. Medical Devices/Equipment Supporting Treatment

Medical devices/equipment used as prescribed by doctors:

- Placed/implanted/planted into any part of the body to support the functioning of that part and/or placed/implanted/planted into any part of the body to support treatment and surgery (except treatment of bodily injury due to accident), including but not limited to: heart valves, plates, screws, suspension pins, pacemakers;... or
- Used externally to support motor function or other body functions including but not limited to: crutches, wheelchairs, pushchairs, hearing aids, prescription glasses, cardiac support devices; or
- Other orthopedic devices of aesthetic nature

40. Traffic Law Violations

Under these policy terms and conditions, traffic law violation behaviors include:

- The Insured racing/participating in racing, operating vehicles exceeding prescribed speed limits;
- The Insured operating vehicles without a valid Driver License;
- The Insured operating vehicles with narcotics, stimulants, addictive substances in the body or blood/breath alcohol concentration exceeding legal limits ≥10,9 mmol/l;
- The Insured riding two-wheeled motorcycles, mopeds without wearing helmets;
- The Insured operating vehicles not complying with traffic light signals or traffic controller commands;
- The Insured operating vehicles going against traffic, prohibited roads, prohibited areas;
- Operating agricultural vehicles, homemade motor vehicles or means without Safety Inspection Certificates as prescribed by law.

41. Civil War

War between components within a country, between compatriots of the same language but disputing each other for various reasons: religion, politics, economics as announced by competent State authorities.

42. Riots and Violence

Organized violent sabotage actions aimed at disrupting political security, social order and safety or overthrowing the government. Riots and violence are determined according to announcements by competent State authorities.

SECTION II - GENERAL CONDITIONS

1. Geographical Scope

Techcom Non-life Insurance pays insurance benefits for insured events occurring within the territory of Vietnam.

2. Eligible Participants for Insurance

Eligible participants for insurance:

- Vietnamese citizens or foreigners legally residing in Vietnam; and

- Insurance participation age from 15 days old to 60 years old, renewable up to 65 years old.
- Children from 15 days old to under 6 years old must participate with their father or mother, provided the parents participate in equivalent or higher programs than the child.

Insurance is not accepted for the following categories:

- Persons with mental illness, leprosy, cancer;
- Persons with permanent disability at a rate of 50% or higher;
- Persons currently in inpatient treatment.

3. Insurance Premium

Insurance premiums are specifically stipulated in the Insurance Contract/Certificate of Insurance based on the Premium Schedule of these policy terms and conditions.

Insurance premiums must be paid according to the payment deadline stated in the Insurance Contract/Certificate of Insurance and in accordance with legal regulations.

Insurance premiums may be recalculated at the time of insurance renewal.

4. Insurance Term

The maximum insurance term is 01 year calculated from the insurance commencement date specifically stipulated in the Insurance Contract/Certificate of Insurance.

5. Insurance Effectiveness

Insurance becomes effective after the Waiting Period stated in the Insurance Contract/Certificate of Insurance.

- No Waiting Period applies in case of accident;
- 30 days for common illness and injury;
- 90 days for cancer and critical illness.

For Insured persons who have continuously participated from the immediately preceding year Insurance Contract/Certificate of Insurance, the continuous renewal Insurance Contract/Certificate of Insurance will continue the Waiting Period from the insurance participation commencement date in the previous year Insurance Contract/Certificate of Insurance for each related insurance benefit, provided the Policyholder/The Insured pays premiums in full according to the payment deadline on the Insurance Contract/Certificate of Insurance and in accordance with legal regulations.

6. Changes to Insurance Benefits

During the insurance term, Techcom Non-life Insurance does not agree to changes in the benefits of the signed Insurance Contract/Certificate of Insurance. Insurance benefits can only be changed when renewing the Insurance Contract/Certificate of Insurance, unless otherwise agreed with Techcom Non-life Insurance in writing.

In cases where The Insured renews the Insurance Contract/Certificate of Insurance with higher benefits than the previous year Insurance Contract/Certificate of Insurance, the difference in Sum Insured as well as newly added benefits will not be considered continuous renewal and the Waiting Period will apply according to the provisions of these policy terms and conditions.

7. Termination of Insurance Contract/Certificate of Insurance

The Insurance Contract/Certificate of Insurance shall terminate immediately upon occurrence of any of the following events, whichever occurs first:

- The Insurance Contract/Certificate of Insurance terminates before the insurance term end date stipulated in the Insurance Contract/Certificate of Insurance due to one party request to terminate the Insurance Contract/Certificate of Insurance, provided the requesting party must notify the other party in writing 30 days in advance from the termination date.
- If the Policyholder requests cancellation of the Insurance Contract/Certificate of Insurance, Techcom Non-life Insurance will refund 80% of the premium for the remaining term. Techcom Non-life Insurance only refunds premiums on condition that during the effective period of the Insurance Contract/Certificate of Insurance no claims for insurance payment have occurred (except cases where claims are denied insurance payment).
- If Techcom Non-life Insurance requests cancellation of the Insurance Contract/Certificate of Insurance, Techcom Non-life Insurance will refund 100% of the premium for the remaining term.
- At the end of the insurance term as stipulated in the Insurance Contract/Certificate of Insurance;
- Other cases prescribed by current law.
- Techcom Non-life Insurance liability shall cease immediately at the time of termination of the Insurance Contract/Certificate of Insurance, except for claims for insured events arising during the insurance effective period and/or being processed by Techcom Non-life Insurance

8. Insurance Renewal

The Policyholder has the right to choose to renew the Insurance Contract/Certificate of Insurance.

Techcom Non-life Insurance may refuse to renew the Insurance Contract/Certificate of Insurance or adjust terms, conditions, benefits, premiums on the expiry date of the Insurance Contract/Certificate of Insurance.

Techcom Non-life Insurance will notify the Policyholder before the expiry date of the Insurance Contract/Certificate of Insurance about the premium to be paid at that time.

9. Medical Examination and Verification

Techcom Non-life Insurance has the right to appoint medical experts and/or medical assessment experts to conduct health examinations of The Insured and information related to claim settlement at any time.

10. Rights and Obligations of Techcom Non-life Insurance

Rights of Techcom Non-life Insurance

- Collect insurance premiums as agreed in the Insurance Contract;
- Require the policyholder to provide full and truthful information related to concluding and executing the Insurance Contract;
- Unilaterally terminate execution of the Insurance Contract in accordance with legal

regulations;

- Refuse to pay insurance benefits to legal beneficiaries or refuse to compensate The Insured in cases not within insurance liability or exclusion cases according to agreement in the Insurance Contract;
- Require the Policyholder to apply preventive measures to limit losses as prescribed by the Insurance Business Law and other relevant legal regulations;
- Other rights according to legal regulations.

Obligations of Techcom Non-life Insurance

- Explain to the Policyholder the insurance terms and conditions, rights and obligations of the Policyholder/The Insured
- Issue the Insurance Contract/Certificate of Insurance to the Policyholder immediately after conclusion;
- Promptly pay insurance benefits to legal Beneficiaries or compensate The Insured when an insured event occurs;
- Explain in writing reasons for refusing to pay insurance benefits or refusing compensation;
- Cooperate with the Policyholder to resolve third-party compensation requests for losses within insurance liability when an insured event occurs;
- Other obligations according to legal regulations.

11. Rights and Obligations of the Policyholder

Rights of the Policyholder

- Request Techcom Non-life Insurance to explain terms and conditions, issue Insurance Contract/Certificate of Insurance;
- Unilaterally terminate the Insurance Contract in accordance with legal regulations;
- Request Techcom Non-life Insurance to pay insurance benefits to the Beneficiary or compensate The Insured according to agreement in the Insurance Contract when an insured event occurs;
- Other rights according to legal regulations.

Obligations of the Policyholder

- Pay insurance premiums in full, on schedule and by the method agreed in the Insurance Contract/Certificate of Insurance;
- Declare fully and truthfully all details related to the Insurance Contract as required by the insurance enterprise;
- Notify cases that may increase risk or generate additional liability of Techcom Non-life Insurance during Insurance Contract execution as requested by Techcom Non-life Insurance;
- Notify Techcom Non-life Insurance about occurrence of insured events according to agreement in the Insurance Contract;
- Apply preventive measures to limit losses as prescribed by the Insurance Business Law and other relevant legal regulations;
- Other obligations according to legal regulations.

12. Obligation of Truthful Declaration

The Insured (or representative of The Insured if The Insured is under 18 years old) is responsible for declaring fully and truthfully all information related to The Insured and the Insurance Contract and assumes responsibility for all information provided to Techcom Non-life Insurance.

When requesting insurance payment, The Insured (or representative of The Insured) has the obligation to collect and provide information, documents, and materials as basis for compensation settlement truthfully, accurately, promptly and fully to Techcom Non-life Insurance, while creating all favorable conditions for Techcom Non-life Insurance to inspect and verify risks when an insured event occurs.

Techcom Non-life Insurance has the right to cancel the Insurance Contract or terminate the Insurance Contract and collect premiums up to the suspension time of the Insurance Contract and/or refuse insurance payment depending on the severity of violation when The Insured provides false information to conclude the Insurance Contract or to receive insurance payment.

13. Interpretation of Insurance Contract

In cases where the Insurance Contract has unclear clauses leading to different interpretations, such clauses shall be interpreted in favor of the Policyholder.

SECTION III - INSURANCE BENEFITS

I. MAIN INSURANCE BENEFITS

1. **Scope of Insurance/Conditions for Benefit Receipt:** Insurance coverage for cases where The Insured suffers Illness and Injury; bodily injury due to Accident meeting Waiting Period criteria: 30 days for common diseases, 90 days for cancer and Critical Illness; treatment conditions and not falling under general exclusion conditions for all insurance participation cases stipulated in Section IV of these policy terms and conditions. Insurance coverage when using National Health Insurance card for medical examination and treatment at facilities with signed health insurance medical examination and treatment contracts with social insurance agencies.The Policyholder may choose one of the following insurance scopes to participate according to medical examination and treatment needs and clearly stated in the Certificate of Insurance, including one of the following scopes:

   - Common diseases (including accidents) examination and treatment at Public Hospitals (Confirmed in Application for Insurance)
   - Critical illnesses examination and treatment at Public Hospitals (Confirmed in Application for Insurance) (list of critical illnesses in Appendix 1)

2. **Insurance Benefits:**

In cases where The Insured must receive treatment at Medical Facilities or be hospitalized or undergo surgery (including Inpatient Treatment; Day Treatment) due to Illness and Injury; bodily injury due to Accident within insurance scope; Techcom Non-life Insurance will pay according to insured benefits specifically for each item according to the leaflet (Treatment expense statement or equivalent), specifically the portion paid by National Health Insurance;

Techcom Non-life Insurance pays; patient self-pays according to the following conditions:

❖ **Health Insurance Treatment at Correct Level (according to National Health Insurance regulations):**

- Medical expenses: Reimburses the portion that National Health Insurance does not cover and within insurance scope according to this Policy.
- Laboratory tests and diagnostic imaging costs: Reimburses the portion that National Health Insurance does not cover and within insurance scope according to this Policy.
- Hospital bed: Reimburses the portion that National Health Insurance does not cover and within insurance scope according to this Policy.
- Surgery: Reimburses the portion that National Health Insurance does not cover and within insurance scope according to this Policy.
- Treatment costs, Chemotherapy, Radiotherapy: Reimburses the portion that National Health Insurance does not cover and within insurance scope according to this Policy.
- Drug costs: Reimburses 50% of drug costs that National Health Insurance does not cover within insurance scope according to this Policy.

❖ **Health Insurance Treatment Not at Correct Level (according to National Health Insurance regulations):**

- Medical expenses: Reimburses according to Co-insurance rate corresponding to the Co-insurance rate of National Health Insurance calculated on the portion of medical expenses that the State does not cover within insurance scope according to this Policy.
- Laboratory tests and diagnostic imaging costs: Reimburses according to Co-insurance rate corresponding to the Co-insurance rate of National Health Insurance calculated on the portion of medical expenses that the State does not cover within insurance scope according to this Policy.
- Hospital bed: Reimburses according to Co-insurance rate corresponding to the Co-insurance rate of National Health Insurance calculated on the portion of medical expenses that the State does not cover within insurance scope according to this Policy.
- Surgery: Reimburses according to Co-insurance rate corresponding to the Co-insurance rate of National Health Insurance calculated on the portion of medical expenses that the State does not cover within insurance scope according to this Policy.
- Treatment costs, Chemotherapy, Radiotherapy: Reimburses according to Co-insurance rate corresponding to the Co-insurance rate of National Health Insurance calculated on the portion of medical expenses that the State does not cover within insurance scope according to this Policy.
- Drug costs: Reimburses 50% according to Co-insurance rate corresponding to the Co-insurance rate of National Health Insurance calculated on the portion of medical expenses that the State does not cover within insurance scope according to this Policy.

Note: Techcom Non-life Insurance does not reimburse expenses (with National Health Insurance benefit reimbursement rate of 0) for expenses that National Health Insurance does not cover

❖ **Conditions for Treatment**

Medical Facility: Medical examination and treatment at medical facilities as prescribed by law on medical examination and treatment that have signed health insurance medical examination and treatment contracts with social insurance agencies.

Treatment Conditions:

- The Insured uses the health insurance card when registering for medical examination and payment.
- Reasonable and appropriate to diagnosis, and compliant with accepted medical diagnostic and treatment practices;
- Compliant with medical standards, prescribed by doctor as medically necessary and provided at qualified medical facilities;
- Not for convenience or personal needs of The Insured or doctor; and
- Not performed for experimental, research, preventive or screening purposes; and
- With reasonable hospitalization duration, appropriate to standard treatment practices for related disease or injury and performed in medical facilities; medical examination and treatment.
- New drugs and treatment methods must be licensed by the Ministry of Health and granted circulation registration certificates.
- New prescribed treatment methods: Applied when old treatment methods are no longer effective.
- Newly Indicated Treatment Methods: Applies where the attending physician determines that the previously applied treatment is no longer effective or that an alternative treatment is more appropriate to the Insured's current medical condition, with the objective of ensuring treatment efficacy and improving therapeutic response. Any such new medications or treatment methods must be duly approved, licensed for circulation by the Ministry of Health, and prescribed by a qualified physician in accordance with treatment protocols issued by the Ministry of Health, the medical facility, or supported by published scientific research.

SECTION IV - INSURANCE EXCLUSIONS

Techcom Non-life Insurance will not pay insurance benefits to The Insured in cases due to the following risks and consequences arising from the following risks:

1. Insured events occurring outside the territory of Vietnam.
2. Pre-existing Illness or Injury
3. Examination, treatment of aesthetic nature, cosmetic surgery or plastic surgery, orthopedic surgery (excluding surgical cases aimed at reconstruction to restore function of damaged organs arising during the insurance term) and any related conditions, consequences.
4. Examination, treatment and consequences of all types of mental illness or mental and behavioral disorders, developmental delay, attention deficit disorder, autism, sleep disorders, insomnia, physical weakness and nervous weakness without pathological causes, stress syndrome and/or related conditions.
5. Expenses related to birth control planning.
6. Maternity care/examination, treatment and childbirth.
7. Congenital diseases, congenital defects or hereditary diseases and any related conditions, consequences.
8. Treatment of infertility, impotence treatment, sexual dysfunction disorders/decline, artificial insemination, hormone replacement therapy, gender reassignment and any related conditions, consequences.
9. Any treatment or diagnosis related to sexually transmitted diseases, any complex syndromes related to acquired immunodeficiency syndrome (AIDS), conditions and diseases related to

HIV virus and any related conditions, consequences except cases of HIV infection through blood transfusion and occupational HIV infection.

10. Treatment and/or drug use not prescribed by Medical Facility/Doctor and any related consequences.
11. Suicide, attempted suicide, or self-harm by The Insured, regardless of mental state.
12. Illness or injury arising from or resulting from the consumption of alcohol, use of intoxicating substances, stimulants, narcotic drugs, psychotropic substances, or their precursors, in violation of applicable regulations under the prevailing Health Insurance Law.
13. No insurance for injuries from participating in professional or extreme sports. Professional sports include any sport where participants receive remuneration, prizes, salaries, or sponsorship from competition. Extreme sports include activities: Underwater diving with diving equipment; Boxing; Mountain climbing (with climbing rope); Hang gliding sport; Sailing yachts 5 km offshore; Javelin throwing; Ice hockey; Parachuting; Various races; Aerial acrobatics. This exclusion does not apply to mass sports activities, exchanges, sports festivals, internal programs organized by agencies, enterprises, schools, organizations, mass organizations aimed at exercising health, team bonding or entertainment, provided participants do not compete as professional athletes.
14. Military exercises and training; war (declared or undeclared), terrorism, civil war, riots, armed uprising and acts of war.
15. Dental care or treatment, dental prosthetics or reconstruction (except accident cases), teeth cleaning, ophthalmology and eyeglasses, vision correction surgery, repair, installation or purchase of assistive devices for disabled persons (such as wheelchairs, hearing aids, artificial eyes).
16. The Insured violating laws subject to criminal punishment, committing traffic law violations as prescribed by these policy terms and conditions.
17. Any illness, disease, injury arising from earthquakes, volcanoes, tsunamis, radioactive contamination, nuclear or toxic chemicals or effects of explosions from weapons and any related conditions, consequences.
18. Epidemics as announced by the World Health Organization (WHO) and/or competent agencies/organizations as prescribed by Vietnamese law classified as Group A (Particularly dangerous) according to the Law on Prevention and Control of Infectious Diseases 2007 and any related conditions, consequences according to current health insurance law.
19. Treatment and/or care for drug addiction, alcohol addiction or any addictive substance.
20. Home medical examination and treatment services, telemedicine examination/treatment, convalescence, recuperation, rest even if this hospitalization has medical prescription.
21. Medical assessment, periodic health examination/general health check, gynecological/andrology examination, cancer screening, vaccination/vaccine immunization, health examination before travel or work.
22. Routine vision and hearing tests, treatment of eye refractive errors (including but not limited to myopia, hyperopia, astigmatism), treatment and surgery to correct visual and hearing defects, natural vision and hearing deterioration.
23. Consequences of accidents occurring before the insurance term or examination/treatment of injuries and surgical indications existing before the insurance commencement date.
24. Examination and treatment at medical facilities without legal operating licenses and unable to provide documents/financial invoices according to legal regulations.
25. Examination and tests without doctor disease conclusion; or with doctor disease conclusion but without treatment indication/treatment protocol.

26. Costs associated with the provision, maintenance, or repair of prosthetic devices and medical aids or assistive devices, except for stents.

27. The Insured not meeting insurance participation conditions stated in these policy terms and conditions.

28. Functional foods, dermo-cosmetics, and cosmetic products not included in the list of therapeutic drugs issued by the Ministry of Health; as well as minerals and vitamins, except where such minerals and vitamins are prescribed by the treating physician as part of a medication prescription and are intended to support the course of treatment.

SECTION V - CLAIM PROCEDURES

1. Claim Document Requirements

When requesting insurance payment, The Insured or Beneficiary must submit the following documents to Techcom Non-life Insurance:

- Original or Electronic copy of insurance payment request form (according to Techcom Non-life Insurance form);
- Original or photocopy (photo or scan) of Accident Report. In case of accident with Police authority involvement according to The Insured declaration, the Accident Report must be confirmed by the Police authority where The Insured had the accident;
- Copy or photocopy (photo or scan) of valid Driver License (in case The Insured had an accident while operating vehicles from 50cc and above);
- Original or photocopy (photo or scan), electronic copy or valid copy of medical documents: Discharge certificate, treatment record (for inpatient treatment cases), surgical record or information about surgical method on medical report, discharge certificate (for surgical cases), medical examination book/examination certificate, prescription forms and results of tests, diagnostic imaging, prescriptions;
- Original or electronic copy of invoices, receipts, payment vouchers related to treatment according to current regulations of the Ministry of Finance;
- Original or electronic copy of Expense statement and/or documents, documents proving medical expenses have been paid by National Health Insurance.
- Other related documents when Techcom Non-life Insurance requests.

Techcom Non-life Insurance has the right to request The Insured or legal Beneficiary to supplement information, documents in claim documents. The Insured or legal Beneficiary is responsible for supplementing information to Techcom Non-life Insurance and Techcom Non-life Insurance does not bear costs for obtaining such additional information.

2. Notification and Claim Deadlines

The deadline for requesting insurance payment is one (01) year from the date of occurrence of the insured event. The time of force majeure events or other objective obstacles is not counted in the deadline for requesting insurance payment.

For each death case, the legal representative of The Insured/Beneficiary must notify Techcom Non-life Insurance in writing within 30 days from the date of occurrence of the insured event.

3. Claim Settlement Deadline, Complaint and Litigation Deadlines

Techcom Non-life Insurance will process insurance payment claim documents within 15 days from receipt of complete, valid documents. Insurance benefits are paid to The Insured or to the Beneficiary.

The litigation deadline related to the Insurance Contract is 03 years from the date of dispute arising.

Any dispute arising between the parties, if not resolved through negotiation, will be transferred to the competent Court in Vietnam for resolution.

GENERAL DIRECTOR

CÔNG TY CỔ PHẦN BẢO HIỂM PHI NHÂN THỌ TECHCOM

Nguyễn Quang Vinh

APPENDIX 1

LIST OF CRITICAL ILLNESSES: INCLUDING 100 CANCERS AND 60 SERIOUS DISEASES

(Attached and an integral part of the Health Insurance Policy Wordings for Medical Expense Compensation issued with Decision No.100/2026./QD-TCGIns dated 01 month .6. year 2026 of the General Director of Techcom Non-Life Insurance JS Company)

I. LIST OF CANCER DISEASES COVERED BY INSURANCE

No.	LIST OF CANCER DISEASES COVERED BY INSURANCE	ICD Code
1	Malignant neoplasm of lip	C00
2	Malignant neoplasm of base of tongue	C01
3	Malignant neoplasm of other and unspecified parts of tongue	C02
4	Malignant neoplasm of gum	C03
5	Malignant neoplasm of floor of mouth	C04
6	Malignant neoplasm of palate	C05
7	Malignant neoplasm of other and unspecified parts of mouth	C06
8	Malignant neoplasm of parotid gland	C07
9	Malignant neoplasm of other and unspecified major salivary glands	C08
10	Malignant neoplasm of tonsil	C09
11	Malignant neoplasm of oropharynx	C10
12	Malignant neoplasm of nasopharynx	C11
13	Malignant neoplasm of piriform sinus	C12
14	Malignant neoplasm of hypopharynx	C13
15	Malignant neoplasm of other and ill- defined sites in the lip, oral cavity and pharynx	C14
16	Malignant neoplasm of oesophagus	C15
17	Malignant neoplasm of stomach	C16
18	Malignant neoplasm of small intestine	C17
19	Malignant neoplasm of colon	C18
20	Malignant neoplasm of rectosigmoid junction	C19
21	Malignant neoplasm of rectum	C20
22	Malignant neoplasm of anus and anal canal	C21
23	Malignant neoplasm of liver and intrahepatic bile ducts	C22
24	Malignant neoplasm of gallbladder	C23
25	Malignant neoplasm of other and unspecified parts of biliary tract	C24
26	Malignant neoplasm of pancreas	C25
27	Malignant neoplasm of other and ill- defined digestive organs	C26
28	Malignant neoplasm of nasal cavity and middle ear	C30

29	Malignant neoplasm of accessory sinuses	C31
30	Malignant neoplasm of larynx	C32
31	Malignant neoplasm of trachea	C33
32	Malignant neoplasm of bronchus and lung	C34
33	Malignant neoplasm of thymus	C37
34	Malignant neoplasm of heart, mediastinum and pleura	C38
35	Malignant neoplasm of other and ill- defined sites in the respiratory system and intrathoracic organs	C39
36	Malignant neoplasm of bone and articular cartilage of limbs	C40
37	Malignant neoplasm of bone and articular cartilage of other and unspecified sites	C41
38	Malignant melanoma of skin	C43
39	Other malignant neoplasms of skin	C44
40	Mesothelioma	C45
41	Kaposi s sarcoma	C46
42	Malignant neoplasm of peripheral nerves and autonomic nervous system	C47
43	Malignant neoplasm of retroperitoneum and peritoneum	C48
44	Malignant neoplasm of other connective and soft tissue	C49
45	Malignant neoplasm of breast	C50
46	Malignant neoplasm of vulva	C51
47	Malignant neoplasm of vagina	C52
48	Malignant neoplasm of cervix uteri	C53
49	Malignant neoplasm of corpus uteri	C54
50	Malignant neoplasm of uterus, part unspecified	C55
51	Malignant neoplasm of ovary	C56
52	Malignant neoplasm of other and unspecified female genital organs	C57
53	Malignant neoplasm of placenta	C58
54	Malignant neoplasm of penis	C60
55	Malignant neoplasm of prostate	C61
56	Malignant neoplasm of testis	C62
57	Malignant neoplasm of other and unspecified male genital organs	C63
58	Malignant neoplasm of kidney, except renal pelvis	C64
59	Malignant neoplasm of renal pelvis	C65
60	Malignant neoplasm of ureter	C66
61	Malignant neoplasm of bladder	C67
62	Malignant neoplasm of other and unspecified urinary organs	C68
63	Malignant neoplasm of eye and adnexa	C69
64	Malignant neoplasm of meninges	C70
65	Malignant neoplasm of brain	C71
66	Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system	C72

67	Malignant neoplasm of thyroid gland	C73
68	Malignant neoplasm of adrenal gland	C74
69	Malignant neoplasm of other endocrine glands and related structures	C75
70	Malignant neoplasm of other and ill- defined sites	C76
71	Secondary and unspecified malignant neoplasm of lymph nodes	C77
72	Secondary malignant neoplasm of respiratory and digestive organs	C78
73	Secondary malignant neoplasm of other sites	C79
74	Malignant neoplasms of ill- defined, secondary and unspecified sites	C80
75	Hodgkin lymphoma	C81
76	Follicular lymphoma	C82
77	Non- follicular lymphoma	C83
78	Mature T/ NK- cell lymphomas	C84
79	Other and unspecified types of non- Hodgkin s lymphoma	C85
80	Other specified types of T/ NK- cell lymphoma	C86
81	Malignant immunoproliferative diseases	C88
82	Multiple myeloma and malignant plasma cell neoplasms	C90
83	Lymphoid leukaemia	C91
84	Myeloid leukaemia	C92
85	Monocytic leukaemia	C93
86	Other leukaemias of specified cell type	C94
87	Leukaemia of unspecified cell type	C95
88	Other and unspecified malignant neoplasms of lymphoid, haematopoietic and related tissue	C96
89	Malignant neoplasms of independent (primary) multiple sites	C97
90	Carcinoma in situ of oral cavity, oesophagus and stomach	D00
91	Carcinoma in situ of other and unspecified digestive organs	D01
92	Carcinoma in situ of middle ear and respiratory system	D02
93	Melanoma in situ	D03
94	Carcinoma in situ of skin	D04
95	Carcinoma in situ of breast	D05
96	Carcinoma in situ of cervix uteri	D06
97	Carcinoma in situ of other and unspecified genital organs	D07
98	Carcinoma in situ of other and unspecified sites	D09
99	Myelodysplastic syndromes	D46
100	Haemangioma and lymphangioma, any site	D18

II. LIST OF CRITICAL ILLNESSES COVERED BY INSURANCE

No.	LIST OF CRITICAL ILLNESSES COVERED BY INSURANCE	ICD Code
	Diseases of the circulatory system	

1	Hypertensive heart disease	I11
2	Acute myocardial infarction	I21
3	Chronic ischaemic heart disease	I25
4	Heart failure	I50
5	Intracranial hemorrhage	I61
6	Cerebral infarction	I63
7	Stroke, not specified as haemorrhage or infarction	I64
8	Atherosclerosis	I70
9	Aortic aneurysm and dissection	I71
10	Aneurysms and other arterial dissections	I72
11	Other disorders of arteries and arterioles	I77
12	Other venous embolism and thrombosis	I82
	Diseases of the nervous system	
13	Spinal muscular atrophy and related syndromes	G12
14	Parkinson disease	G20
15	Alzheimer s disease	G30
16	Multiple sclerosis	G35
17	Status epilepticus	G41
18	Inflammatory polyneuropathy	G61
19	Polyneuropathy in diseases classified elsewhere	G63
20	Other myopathies	G72
21	Paraplegia and quadriplegia	G82
22	Disorders of autonomic nervous system	G90
	Digestive diseases	
23	Gastritis and duodenitis	K29
24	Crohn s disease [regional enteritis]	K50
25	Gastroenteritis and colitis due to radiation	K52
26	Diverticular disease of intestine	K57
27	Other functional intestinal disorders	K59
28	Hepatic failure, not elsewhere classified	K72
29	Chronic hepatitis, not elsewhere classified	K73
30	Fibrosis and cirrhosis of liver	K74
31	Other liver diseases	K76
	Diseases of the respiratory system	
32	Emphysema	J43
33	Other chronic obstructive pulmonary disease	J44
34	Bronchiectasis	J47
35	Coalworker pneumoconsiosis	J60
36	Pneumonitis due to solids and liquids	J69
37	Pulmonary edema	J81
38	Other interstitial pulmonary diseases	J84
39	Respiratory failure, not elsewhere classified	J96
40	Other respiratory disorders	J98
	Endocrine, nutritional and metabolic diseases	

41	Other nontoxic goitre	E04
42	Type 1 diabetes mellitus	E10
43	Type 2 diabetes mellitus	E11
44	Hyperparathyroidism and other disorders of the parathyroid gland	E21
45	Cushing s syndrome	E24
	Diseases of the musculoskeletal system and connective tissue	
46	Seropositive rheumatoid arthritis	M05
47	Systemic lupus erythematosus	M32
48	Scoliosis	M41
49	Ankylosing spondylitis	M45
50	Cervical disc disorders (excluding M50.03 – other cervical disc degeneration)	M50
51	Myositis	M60
52	Other muscle diseases	M62
53	Osteoporosis without pathological fracture	M81
	Diseases of the genitourinary system	
54	Acute renal failure	N17
55	Chronic kidney disease	N18
	Other diseases	
56	Respiratory tuberculosis, bacteriologically and histologically confirmed	A15
57	Other aplastic anaemias	D61
58	Other and unspecified disorders of circulatory system	I99
59	Postprocedural disorders of genitourinary system, not elsewhere classified	N99
60	Acute pancreatitis	K85

INSURANCE BENEFIT
MEDICAL EXPENSE REIMBURSEMENT HEALTH INSURANCE

(Issued under Decision No.190/2026/QD-TCGIns dated 01 month 6 year 2026 of the General Director of Techcom Non-life Insurance Joint Stock Company)

INSURANCE PLAN	A1 VND 50 million	A2 VND 100 million	A3 VND 200 million	A4 VND 500 million	A5 VND 1 billion	A6 VND 2 billion
The Insured Person receives inpatient medical treatment due to accident, illness or disease while using a Social Health Insurance Card: *+ In cases where treatment is received at the registered primary healthcare facility under the* Social Health Insurance *scheme or in compliance with regulations on patient referral, TCGIns shall reimburse the remaining expenses within the scope of the State Social Health Insurance scheme but exceeding the benefit limits payable by the State Social Health Insurance scheme, in accordance with the Benefits Schedule below, up to the Sum Insured.* *+ In cases where treatment is received at a medical facility other than the registered primary healthcare facility under the Social Health Insurance scheme, or not in compliance with regulations on patient referral, TCGIns shall indemnify based on the applicable co-payment ratio corresponding to the insured's entitlement under the Social Health Insurance scheme, calculated on the portion of eligible medical expenses not covered by Social Health Insurance.*						
1. Coverage for the portion not covered by the Social Health Insurance for the following benefits:	Medical Consultation Laboratory and Diagnostic Imaging Hospital Room & Board Surgery Treatment, Chemotherapy and Radiotherapy					
2. 50% coverage for the portion not covered by the Social Health Insurance:	Medication Expenses					

INSURANCE PREMIUM
MEDICAL EXPENSE REIMBURSEMENT HEALTH INSURANCE

(Issued under Decision No.100/2026/QD-TCGIns dated .01 month .6 year 2026 of the General Director of Techcom Non-life Insurance Joint Stock Company)

Insurance premiums/Conditions	PLAN A1	PLAN A2	PLAN A3	PLAN A4	PLAN A5	PLAN A6
1. Core Benefit / Common Illness / Public Hospitals	**50,000,000**	**100,000,000**	**200,000,000**	**500,000,000**	**1,000,000,000**	**2,000,000,000**
15 days old to 3 years old	174,500	349,000	698,000	1,745,000	3,490,000	6,980,000
4 to 6 years old	90,000	180,000	360,000	900,000	1,800,000	3,600,000
7 to 18 years old	66,500	133,000	266,000	665,000	1,330,000	2,660,000
19 to 30 years old	83,500	167,000	334,000	835,000	1,670,000	3,340,000
31 to 40 years old	95,500	191,000	382,000	955,000	1,910,000	3,820,000
41 to 50 years old	129,000	258,000	516,000	1,290,000	2,580,000	5,160,000
51 to 60 years old	270,500	541,000	1,082,000	2,705,000	5,410,000	10,820,000
61 to 65 years old	280,500	561,000	1,122,000	2,805,000	5,610,000	11,220,000
2. Core Benefit / Critical Illness / Public Hospitals	**50,000,000**	**100,000,000**	**200,000,000**	**500,000,000**	**1,000,000,000**	**2,000,000,000**
15 days old to 3 years old	148,500	297,000	594,000	1,485,000	2,970,000	5,940,000
4 to 6 years old	147,000	294,000	588,000	1,470,000	2,940,000	5,880,000
7 to 18 years old	108,000	216,000	432,000	1,080,000	2,160,000	4,320,000
19 to 30 years old	136,000	272,000	544,000	1,360,000	2,720,000	5,440,000
31 to 40 years old	155,500	311,000	622,000	1,555,000	3,110,000	6,220,000
41 to 50 years old	210,500	421,000	842,000	2,105,000	4,210,000	8,420,000
51 to 60 years old	441,000	882,000	1,764,000	4,410,000	8,820,000	17,640,000
61 to 65 years old	457,500	915,000	1,830,000	4,575,000	9,150,000	18,300,000