

COLUMBIA ASIA BINH DUONG MEMBERSHIP 2021



I. CABD MEMBERSHIP PROGRAM

Columbia Asia Membership is the comprehensive healthcare program combine with Bao Viet Insurer, specialized for the registered Columbia Asia Binh Duong Membership.

CABD Membership is designed to provide to the customers at the most convenient access while choosing CABD for their inpatient and outpatient services.

Service benefits:

- ❖ Not require to medical check-up prior registration process.
- ❖ Multiple priorities for members:
 - Year end gift (depends on CABD's marketing plan)
 - Get the hospital's incentive program
 - Preferential services of marketing program.
 - Free healthcare session and seminar

III. INSURANCE BENEFITS

II. ELIGIBILITY

- The Insured is Vietnamese or Foreigner residing legally within the territory of Vietnam whose age is from 15 days to 60 years old (calendar year) on the policy inception date with the following conditions:
 - o Not suffer from mental illness, leprosy or pemanent disability of 50% or more.
 - o Not under treatment of any diseases and injuries at registration date.
- Children from 01 year to 18 years old must insured along father/mother/guardian and with insurance benefits not higher than that his/her father/ mother/guardian (Attach a copy of Birth certificate for children)
- Members over 18 years old must fill their own Proposal form.

#	PLAN (VND)	GOLD	PLATINUM	DIAMOND
A	INPATIENT FOLLOWING TREATMENT DUE TO ILLNESS, DISEASE OR ACCIDENT (Insured person has to stay at lease 24 consecutive hours in the hospital)	230.000.000/year	342.000.000/year	454.000.000/year
	1. Hospitalization: max 60 days/year - Room and board - Intensive care unit (ICU) - Hospital Miscellaneous Expenses (Excluding day-patient treatment)	5.000.000/ day, up to 100.000.000/year	7.500.000/ day, up to 150.000.000/year	10.000.000/day, up to 200.000.000/year
	2. Pre-hospitalization treatment charges within 30 days prior to admission	5.000.000/year	7.500.000/year	10.000.000/year
	3. Post-hospitalization treatment charges within 30 days immediately following discharge	5.000.000/year	7.500.000/year	10.000.000/year
	4. Ambulance services/conveyance on road	10.000.000/year	10.000.000/year	10.000.000/year
	5. Surgical operation (The cost of acquisition and transportion of such an organ and all costs incurred by the donor are not covered)	100.000.000/year	150.000.000/year	200.000.000/year
	6. Rehabilitation (at the rehabilitation center)	10.000.000/year	15.000.000/year	20.000.000/year
	7. Daily allowance	100.000/day	150.000/day	200.000/day
	8. Burial allowance (death in the hospital)	500.000/case	500.000/case	500.000/case
B	PERSONAL ACCIDENT	150.000.000/year	200.000.000/year	250.000.000/year
DEDUCTABLE/FRANCHISE		Co-insurance 70/30 applied to In-patient and Out-patient expenses incurred from: <ul style="list-style-type: none"> - Children under 09 years old - Treatment related torn ligament and meniscus 		
C	OUT-PATIENT BENEFITS			
	Consultations within selected specialties	8 times/ year	10 times/year	Unlimited
	Health Check-up Programmes	10% discount on the CABD check-up program		
	Laboratory and Imaging investigations	5% discount on the Laboratory and Imaging investigations		
D	MATERNITY CARE : Maximum limit in a coverage period	Not applicable	21.000.000/year	31.500.000/year

IV. WAITING PERIOD

Disease, illness (including the period from the date of first symptom until the end of treatment; based on the first onset of illness/ disease, not on the time of treatment)	30 days from the joining date
Pre-existing conditions and the diseases including but not limited to: - Treatment of Ligament Injuries and Meniscus Tear./ Diseases listed in No.36 of the general exclusion of this policy.	01 year from the joining date
Special diseases as defined in attached wording.	01 year from the joining date
All kinds of bronchitis, bronchiolitis, pneumonia (for children under 6 years old)	180 days from the joining date
Maternity care	635 days from the joining date
Pregnancy complications	90 days from pregnancy conception date

V. REMARKS:

- ✓ A waiting period is defined as a time period in which the relevant benefits will not be paid. Bao Viet shall exclude all risks occurring during that time, including their related expenses or consequences thereof which arise after the waiting period as specified
- ✓ Consultation fee at specialities do not include prescription drugs and Laboratory and Imaging investigations ordered by Doctors in Outpatient consultation.
- ✓ Limit at 02 times/year for the Health Check-up Programmes.
- ✓ Inpatient benefits applied to all hospital in Columbia Asia's network in Vietnam
- ✓ Outpatient benefits only apply in Columbia Asia Binh Duong.

VI. COMMENCEMENT & RENEWAL:

1. Commencement

- The date of entry from 1st to 14th of the month, the effective date is the 15th day of registration month.
- The date of entry from 15th to 30th (or 31st) of the month, the effective day is the 01st of the following month.

2. Renewal

- The date of renewal shall be considered to be continuous only within 15 days from the expired day, not applied the waiting period.
- The date of renewal is more than 15 days from the expired day, will considered to be a new policy.

VII. PREMIUM

PLAN	NEW			RENEW		
	GOLD	GOLD	PLATINUM	GOLD	PLATINUM	DIAMOND
1 - 3 years old	7,251,000	9,762,000	14,492,000	6,618,390	8,985,800	13,542,800
4 - 6 years old	4,788,000	6,437,000	10,428,000	4,426,320	5,993,300	9,885,200
7 - 9 years old	4,502,000	6,050,000	9,955,000	4,171,780	5,645,000	9,459,500
10 - 18 years old	4,365,000	5,865,500	9,729,500	4,049,850	5,478,950	9,256,550
19 - 30 years old	4,235,000	5,690,000	9,515,000	3,934,150	5,321,000	9,063,500
31 - 40 years old	4,495,000	6,041,000	9,944,000	4,165,550	5,636,900	9,449,600
41 - 50 years old	4,625,000	6,216,500	10,158,500	4,281,250	5,794,850	9,642,650
51 - 60 years old	4,755,000	6,392,000	10,373,000	4,396,950	5,952,800	9,835,700
61 - 65 years old (renew)	5,015,000	6,743,000	10,802,000	4,628,350	6,268,700	10,221,800

Maternity Plan	GOLD	PLATINUM	DIAMOND
Premium/ person/ year	Not applicable	4,800,000	5,500,000

VIII. GENERAL EXCLUSION:

Special Diseases: the following diseases are understood as Special Diseases

- Diseases of the nervous system:** Inflammatory diseases of the central nervous system (brain), Systemic atrophies primarily affecting the central nervous system (Huntington's disease, Hereditary ataxia, Spinal muscular atrophy and related syndromes), Extrapyramidal and movement disorders (Parkinson's disease, Dystonia, other extrapyramidal and movement disorders), Alzheimer, Apalic/ Amnesia, Epilepsy, Coma, Cerebral palsy and other paralytic syndromes.
- Diseases of the respiratory system:** Lung failure, Pneumothorax
- Diseases of the circulatory system:** Heart diseases, Hypertensive diseases, Essential (primary) arterial hypertension, Cerebrovascular diseases/ stroke and any of its consequence/ sequelae
- Diseases of the digestive system:** Hepatitis A, B, C, Cirrhosis of the liver, Liver failure, Cholelithiasis.
- Diseases of the genitourinary system:** Glomerular disease, Renal tubulo-interstitial diseases, Calculus of kidney and ureter, Calculus of lower urinary tract, Renal failure.
- Endocrine diseases:** Disorders of thyroid gland, Diabetes mellitus pancreatic internal secretion, Adrenal gland diseases, Coma, Disorders of other endocrine glands.
- Neoplasms:** Benign neoplasms of any kind.
- Diseases of the blood:** Coagulation defects, Functional disorders of polymorpho-nuclear neutrophils, Certain diseases involving lymphoreticular tissue and reticulohistiocytic system, Marrow transplant.
- Diseases of skin and connective tissue and others:** Lupus erythematosus, Systemic sclerosis, Multiple Sclerosis, Diffuse systemic sclerosis/ Amyotrophic Lateral Sclerosis, Muscular dystrophy and any of their complications, Penphygus, Psoriasis, Chronic urticaria (treated with imported antigen).

Pre – existing conditions : Illness or injury which existed before the effective date of coverage under this Policy and any sickness/ illness/ Injury:

- for which treatment has been received during the last three (03) years by the Insured;
- for which diagnosis has been received, which presented signs or symptoms of which the Insured was aware or should reasonably have been aware before signing the policy, whether or not consultation/ treatment/advice/medication was received.

Illness, disease: Illness or Disease shall refer to a physical condition marked by a pathological deviation from the normal healthy state, which manifests itself in symptoms or syndromes diagnosed by Physicians.

General Exclusions: (page 14-15-16 in Policy wording)

- Tuberculosis of any kind, malaria, occupational diseases, leprosy;
- Cancer;
- Person who is undergoing treatment due to illness/ disease or any disability, or suffering from permanent disability from 50% and above at the time when (s)he joins the Policy or the Policy comes into effect;

14. Pancreatic failure, leukemia, dialysis, hemodialysis and any consequence or complication thereof;

15. Hormone replacement therapies for the growth period, or the pre-menopausal or menopausal period of women;

16. Any treatment in connection with sexually transmitted diseases such as syphilis, gonorrhea, genital dysfunction (sexual malfunction/ sexual disorder), illness/ disease related to Acquired Immune Deficiency Syndrome (AIDS) including AIDS related complex, and/ or any consequence or complication thereof, or sexually transmitted diseases, or any of related syndromes/ diseases;

18. Routine medical examinations (in-patient or out-patient), check-ups, cancer screening tests with normal results, medical examination or consultation which are not associated with medical treatment of Illness/ Disease/ Injury, including gynaecological examination/ male genital examination, routine laboratory tests, routine check-ups for newborns, immunization, vaccinations and preventative medicines (excluding vaccinations given after an accident or being bitten or stung by animals or insects);

34. Pre-existing conditions as defined shall be covered from the second year onwards after the Insured continuously renews his coverage under the Policy;

35. Special diseases as defined shall be covered from the second year onwards after the Insured continuously renews his/ her coverage under the Policy;

36. The following diseases shall not be covered during the first year whether they occur before or after Inception date:

- Diseases of the respiratory system: Tonsillitis requiring surgical removal, Sinusitis, Deviated nasal septum; In particular, 06 months of waiting period will be applied to Bronchitis, Bronchiolitis, all types of Pneumonia, Asthma in case of the insured person under 06 years old.
 - Diseases of the ear-nose-throat: Middle ear infections (otitis media) requiring surgery, Adenoid hypertrophy (or enlarged adenoids), Turbinate reduction (also known as turbinoplasty or turbinectomy)
 - Diseases of the circulatory system: Phlebitis, Thrombophlebitis, Varicose veins of lower extremities, Carpal tunnel syndrome, Diseases of lymphatic vessels and lymph nodes, Hemorrhoids
 - All types of Metabolic disorders
 - Diseases of the musculoskeletal system and connective tissues: Chronic Arthritis/ Polyarthritis (Inflammatory polyarthropathies), Spinal degenerative disease (Spondylosis), Degenerative spinal disorders, Spondylosis, Herniated disc, Disorders of bone density and structure, Gout
 - Diseases of the digestive system: Gastric ulcer, Duodenal diseases
- Other diseases: Calculi (stones), Cysts, Warts, Moles of all kinds, Vestibular disorder.