



Volvo do Brasil Veículos Ltda

Health Care Plan
Handbook



Health Care Plan

(Medical, Hospital & Dental Care)

2015

VOAM - Volvo Odontologia e Assistência Médica

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ANS – no. 414247

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1. Purpose

The purpose of this handbook is to introduce VOAM Health Medical Plan (medical, hospital and dental), which covers employees (and respective dependents) working for Volvo do Brasil, Associação Viking, Banco Volvo (BRASIL) S.A, Volvo Administradora de Consórcio Ltda., Volvo Corretora de Seguros, Administração e Serviços (BRASIL) Ltda. and Vikingprev.

2. Scope

VOAM is a self-managed medical and dental care plan, that is, it is administered by Volvo and aims at providing health assistance to its beneficiaries, in the following modalities and as per rules provided here.

- Medical & Outpatient assistance;
- Diagnosis & Therapy Services;
- Hospital Services;
- Dental Care.

3. Eligibility

Plan members are employees and their dependents, who satisfy the following conditions:

- Regular full-time employees;
Retired (for years of service) employees are not eligible. Employees whose employment agreements are suspended are not eligible, for instance, disability retiree, illness retiree, work-accident retiree, expats and employees under unpaid leave.
- Spouse or partner*;
Spouse/partner exclusion implies a 1-year waiting period to include a new spouse/partner.

- children, stepchildren and under-guardianship children - up to 20 years, 11 months and 29 days of age, provided he/she is single and economically dependent;
- child, stepchild and under-guardianship child, of any age, single, physically*** or intellectually** challenged, provided he/she is economically dependent (that is, depends on the father/mother/guardian);
- child, stepchild and under guardianship child, up to 23 years, 11 months and 29 days of age, single, enrolled in a full course of study**** and unemployed;

Dependents - necessary documents

* The employee will need to forward an original or certified copy of the Marriage Certificate or Comon-Law Marriage Certificate (duly registered at a Notary Office) to the HR Services – Training Centre.

**Proof of severe intellectual disability, that is, specialized medical opinion. Nevertheless, other assessments may be requested.

***Disability status (incapacity to work) by means of proper medical assessment and confirmation, later on, by the Brazilian Social Security Institute (Instituto Nacional de Seguridade Social) – INSS in the Worker's Booklet (Carteira de Trabalho e Previdência Social) – CTPS.

****Students need to present a school-enrollment document, to be renewed twice a year. If such document is not presented, the dependent is automatically excluded.

3.1. Plan User Exclusion

The following employees and/or dependents will be excluded in the following cases:

- Upon employment-link termination;
- In case of marital separation, even if a judge orders the employee to pay a health care plan to the ex-spouse/partner;

- child or stepchild who is older than 20 years, 11 months and 29 days, not a university student, and/or employee, and/or married;
- child or stepchild who is older than 23 years, 11 months and 29 days;
- child or stepchild who is older than 20 years, 11 months and 29 days when his/her student status ends.

In all above-described cases, the employee will return his/her health-care plan card (or dependent's health-care plan card) upon exclusion.

Users in proven irregular status (infractions or system frauds) may be subjected to disciplinary measures, including employment-link termination.

4. How to use VOAM

4.1. Outpatient Medical Assistance

Medical assistance provided at doctor's office/outpatient care, such as:

- medical appointments and small surgeries (which require no hospitalization or ER care), provided they are carried out by specialists/physicians duly accredited by the Federal Medical Board (Conselho Federal de Medicina);
- drugs/medicines/surgical materials exclusively used during the outpatient care:

Each user (employee or dependent) will receive a VOAM ID card. If he/she needs medical/dental care, the plan offers a health-care provider network (available health care professionals/entities), which is regularly updated, at www.voam.com.br. If the user decides for one of these professionals/entities, no payment is necessary when receiving the assistance. You are free to choose.

IMPORTANT NOTE

- Call the doctor's office, say you are a VOAM member and make an appointment

- Present your VOAM card and ID card whenever you need health care.
- Sign one single form for each procedure/service/appointment.
- Do not sign blank forms, your signature means that:
 - ⇒ **you agree with the transcribed data, including the quantity and nature of the rendered service, as well as your co-participation in costs, when applicable;**
- If the assistance is electronic (via system) sign only one form issued by the system.

• Do not pay for the appointment, test, exam or any other procedure directly to the accredited professional/entity.
Payment is done by VOAM, after checking the forms, which will bear your signature or the signature of your dependent(s), authorizing the payment. **The service provider (doctor, laboratory, hospital, etc.) is forbidden to charge any difference or fees to assist VOAM users.**

- In case of doubt, before paying anything, call VOAM at **0800 643 8586** or talk directly to VOAM administration at the company (building 130).
- If you cannot be present, cancel the appointment beforehand (24 hours in advance, at least) or you may be billed for the appointment/service.
- If it is a therapy session (physical therapy, psychotherapy, speech therapy, psychopedagogy & occupational therapy) VOAM may be billed for the session, even if you cancel your session in advance, in order to keep the treatment hours.

- Going back to the doctor's office just to present tests/exams, within the agreed term, is not a new appointment. Consequently, do not sign a new form.

In case of new signs and/or symptoms, which will demand a new appointment (anamnese), physical exam, hypotheses, diagnostic or prescription, the procedure

may be considered a new appointment and must be remunerated accordingly.

VOAM observes, in return appointments, the Resolution of the Federal Medicine Board (Conselho Federal de Medicina) number 1.958/2010.

Note: When you make an appointment or schedule an exam, you have a commitment and should not miss it. If you need to cancel it, call, at least, 24 hours in advance, to avoid any loss for you, the professional and other patients.

4.2. *Diagnosis & Therapy Services*****

If the diagnosis and/or therapy services demand complementary exams/tests, the user needs to find a professional/entity within the health-care provider network and present the doctor/dentist's request form (requisição), VOAM card and ID card.

Some exams/procedures require previous approval, as follows:

- CT Scan (X-Ray Computed Tomography);
- Angiography;
- Arteriography;
- Tilt tests and derivatives;
- MRI (Magnetic Resonance Imaging);
- Haemodynamic Study;
- Nuclear Medicine Studies (Scintigraphic or not).
- PetScan
- Genetic Exams
- Due to new technologies, new exams/procedures may be included.

Check the list at www.voam.com.br - Useful Links.

Previous VOAM approval, for the above listed services, is necessary.

Obs.: When such exams are for an inpatient or emergency, previous VOAM approval may be replaced by a clinical report, explaining the necessity, for later approval.

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4.2.1. Speech Therapy

After obtaining the requesting form and previous VOAM approval, make the appointment to start the treatment sessions.

As per item 4.1., in case of therapies (physical therapy, psychotherapy, speech therapy, psychopedagogy and occupational therapy), the professional may bill VOAM for the session, even if it is cancelled in advance, to keep the treatment hours.

4.2.2. Physical Therapy and Occupational Therapy

The initial assessment demands no previous VOAM approval, only the doctor's request form. To start the sessions, it is necessary to send to VOAM, the medical request and assessment (including: type / indication, recommendation and number of sessions) in order to continue the treatment.

After receiving the previous VOAM approval, schedule the service, setting a date to start the treatment sessions.

- Please sign only one Specialized Treatment Form per session;
- Inpatients at a VOAM hospitals - there is no financial co-participation in physical-therapy sessions;

As per item 4.1. in case of therapies (physical therapy, psychotherapy, speech therapy, psychopedagogy and occupational therapy) the professional may bill VOAM for the session, even if it is cancelled in advance, to keep the treatment hours.

Note: There is no reimbursement for Physical Therapy and Occupational Therapy sessions. Sessions, when necessary, are to be done by HC-Provider Network professionals (health-care provider network).

4.2.3. Acupuncture

An appointment with an acupuncture-doctor needs no approval. After the appointment, the doctor will request the necessary sessions. It is not necessary to previously approve the first session. For all other sessions, please forward the doctor's request form to VOAM, for the due approval.

Please sign only one Treatment Form per session.

4.2.4. Pilates

The Pilates method is a physical fitness system that alleviates low back pain and spinal disc herniation, at its acute stage, and is used as rehabilitation. After the acute stage, the Pilates treatment is not covered by the plan.

To start the sessions, please forward to VOAM the doctor's request and assessment, including indication, recommendation and number of sessions.

After receiving the previous VOAM approval, schedule the service, with an associated and specialized service, setting a date to start the treatment sessions.

Please sign only one Specialized Treatment Form per session;

IMPORTANT: Pilates is a non-refundable therapy.

As per item 4.1., in case of therapies (physical therapy, psychotherapy, speech therapy and occupational therapy) the professional may bill VOAM for the session, even if it is cancelled in advance, to keep the treatment hours.

Note: The proven cases of improper use of benefits (for instance, Pilates sessions) may be subject to disciplinary measures, including employment-link termination.

4.2.5. *Psychological & Psychopedagogical Assistance*

Please choose the professional from the Health-Care Provider Network, where you will find his/her name, address and telephone.

- Make an appointment.
- The professional will give you a Request Form for the necessary sessions, which must be signed and will be presented as proof of the rendered services.
- Please sing only on Treatment Form per session.

4.2.6. *Exclusions*

- Not approved sessions;
- Procedures not described in the reference lists;
- Procedures not scientifically acknowledged or not acknowledged as correlate medical speciality;
- Sessions that exceed the previously authorized limit (10 sessions) and have no VOAM approval;

4.2.7. *Medical/Hospital Care*

VOAM approval for elective surgeries and hospitalization (which are not emergencies) and that are not outpatient care must be requested.

In case of an emergency, no previous approval is necessary, but as soon as the emergency is under control, please inform VOAM about your/dependent's hospitalization.

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Note: In elective surgeries (that is, non-emergencies/scheduled in advance), VOAM Users may be billed a surgical instrumentation fee. Such fee has no official reference list; consequently, prices may vary. So, we suggest previous negotiation, based on VOAM prices - which will be used in case of reimbursement. For further information please check VOAM reference lists.

4.2.8. *What to do in case of hospitalization*

(for elective hospitalization, that is, non-emergencies)

- Choose a VOAM hospital, as recommended by your doctor;
- If the patient is the employee, forward the surgery request to VOAM, which will refer you to the Company's doctor, for previous approval;
- If the patient is a dependent, the employee will forward the surgery request to VOAM, which may refer the patient to a Medical Advisor, for previous approval, as per item **4.2.10**. Such surgery request will be forward to VOAM, at least, 5 (five) **business** days before the hospitalization;
- The patient will present to the Medical Advisor, during the appointment, the doctor's hospitalization request, duly filled in/signed and requested tests/exams, if any. After the appointment, the Medical Advisor may approve (or not) the hospitalization/surgery request;
- In case the surgery demands special material (screws, plates, pointers, etc.), forward to VOAM, five (5) business days in advance, all necessary documents (authorized doctor's request, exams/tests and material request, as supplied by the doctor in charge). Please confirm the surgery date, with the hospital, after VOAM's approval.

- In case of surgery, the patient must go to the hospital on the date agreed, with the authorized request and VOAM card. Always accompanied by a family member and/or friend.
- Hospitalization will be in a standard accommodation (individual room, with accompanying family/friend or ward) as described on the back of your card.
- If there is no available bed of the kind described above, the beneficiary will be hospitalized in a superior accommodation, until vacancy of an adequate bed, when the patient will be transferred, with no additional cost for the beneficiary.
- The difference between a superior accommodation and the standard accommodation, if the beneficiary decides for an upgrade, signing a "consent term", including an accompanying person, will be entirely paid by the beneficiary, directly to the hospital. In this case, please pay attention to other expenses, which may also be upgrades, including additional medical fees.
- In case the beneficiary opts for superior accommodation, we recommend he/she demands more information on special billing conditions, in writing, and a previous estimate of all expenses, including medical fees.

4.2.9. *What to do in case of hospitalization (obstetrics)*

- In case of emergency hospitalization (for instance, Breaking of Amniotic Sac), go to the maternity, as instructed by your doctor (please check, in advance, if it is a VOAM maternity) with your VOAM card and ID Card (RG).
- In case of elective hospitalization (for example, a scheduled C-section), please, first request VOAM approval, at least, 15 days before the procedure.

4.2.10. Medical Advisor (How to Approve an Elective Surgery)

- Some approvals will demand a previous appointment/interview with a Medical Advisor. It may be a VOAM demand or the patient's demand. For the employee (main beneficiary) this is done at Volvo, with Volvo's own doctors. However, dependents go to another place, whose address is provided the moment the approval is requested.

Exclusions (expenses not covered by the Health Care Plan)

- Extra expenses, of any kind: phone calls, accommodation upgrades, accompanying family/friend's meals (except for patients under 18, over 60 years of age and patients with special needs and provided the hospital offers such services), diapers, laundry, parking services, etc.
- Daily hospital rates, after hospital discharge.
- Difference between daily hospital rates and medical fees due to accommodation upgrades, that is, above the accommodation level set out in your plan.
- Hospitalization/treatment at a water resort, SPA, rest clinic or weight-loss clinic.
- Daily hospital rate for the accompanying person, when the patient is in the ICU (Intensive Care Unit) or SICU (Semi-Intensive Care Unit) except if the service is part of the contract with the hospital. In this case, please check employee's eligibility with VOAM.
- Treatment provided by specialists not acknowledged by the Federal Medical Board (Conselho Federal de Medicina);
- Prosthesis, orthosis and accessories not directly used in the surgical procedure;
- Prosthesis, orthosis and accessories for cosmetic purposes;

- Appointments, assessments, sessions, treatments and any other procedure related to Orthomolecular Medicine, Logopedics, Anthroposophic Medicine, etc.
- Massotherapy, relaxing/anti-stress massage, lymphatic drainage, Ayurveda Medicine, etc.
- Orthopedic Apparatus;
- Cosmetic/social clinical or surgical treatment, even if there is a medical cause, except when necessary to restore the functions of an organ or limb, altered in a personal accident, which happened during the term of the employment agreement and the ones necessary to correct a lesion, result of a neoplastic surgical treatment.
- Surgical drugs/medicines and materials, except the ones used during hospitalization or the ones strictly necessary for an outpatient's treatment, in case of an emergency or during diagnostic or therapeutic procedures, when necessary.
- Non-nationalized/imported drugs/medicines and the ones not acknowledged by the competent governmental body;
- Medical expenses abroad;
- Drugs/medicines purchased abroad;
- Treatments/exams/tests/procedures related to infertility methods, through different artificial-insemination modalities;
- Medical checkups or exams for good-health certificates, as requested by selection exams, governmental offices, admission, periodical and dismissal exams, etc.
- Vocational tests;
- Special transport for clinical and surgical treatments or diagnostic procedures, not covered by the plan and any other transportation means (except road);
- Clinical or surgical experimental treatments;
- Exams to prove paternity/maternity;
- Exams, tests and/or treatments not requested by doctors/dentists;

- Sclerotherapy and/or varicose vein microsurgery;
- Vasectomy Reversal and Tubal Ligation Reversal;
- Compression socks/stockings, shoe insoles, orthopedic collar and back braces, crutches, wheel chairs, etc.
- Genetic exams not listed on the ANS' covered-procedures list.

In case of an emergency clinical or surgical hospitalization, if the beneficiary opts for another health care plan, migration to VOAM is forbidden.

4.3. Dental Care

After initial appointment, the dentist will present a dental treatment estimate, which will be done directly on a IT system. The proposal is, then, analyzed by a Dental Advisor, who checks the estimate, among other things, against the plan's criteria. Such analysis takes, approximately, 72 hours. If an expert opinion is necessary, the employee will be informed and instructed. After these steps, the employee will wait the dentist's call to start the treatment.

4.3.1. Orthodontics

The company offers Orthodontics (braces) for patients that, when starting the treatment (brace installation) is under 18 years of age and whose principal's employment agreement is, at least, one (1) year old.

In orthodontic treatments, the patient will sign a commitment term, with the ortho-dentist, which will set out the treatment term and will monthly sign an orthodontic maintenance form, authorizing the payment of the corresponding orthodontic maintenance for fixed or mobile dental braces.

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Maintenance payment, as set by the orthodontist, will be monthly done, regardless the number of sessions at the orthodontist's office. The employee will pay 40% (fixed/mobile dental brace maintenance). If the employee misses an appointment, without justification and/or cancellation beforehand, the full price (for a orthodontic session) will be deducted from his/her salary.

If the employee loses/damages his/her orthodontic braces, he/she will pay, directly to the dentist, the manufacturing of a new one and no reimbursement is due.

If the patient gives up, he/she needs to immediately inform, in writing, the dentist and VOAM's administration. Under no circumstances a new orthodontic treatment will be approved to the same patient.

A pre-treatment assessment may be necessary, as well as follow-up during the treatment and even after the treatment, at VOAM's own discretion. Depending on such assessment, the treatment can be approved (or not) or suspended, and the final result can be approved (or not) against the initial approved proposal. Whenever requested by the dental plan, the assessment is mandatory.

When requested by the dental plan, the after-treatment assessment will be done within ten (10) days, counting from the end of the treatment. After this term, and if no reasonable justification is presented to the expert in charge of the assessment, the employee will have to pay for the entire treatment, which will be deducted from his/her salary.

Approved orthodontic treatments will expire with the end of the treatment, not exceeding the number of maintenance sessions, as provided in the dental procedures' table.

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In case of employment termination, orthodontic treatments will be paid until the termination date and maintenances will, from this point on, be fully paid by the employee.

4.3.2. Dental Plan Exclusions

- Teeth whitening and clearing, except the one in the table.
- Gold/precious metal restoration.
- Same prosthesis services in less than 36 months.
- Services not described in the dental-procedures table, used by the plan administration, except the ones previously approved by the plan administration.
- Orthodontics for patients over 18 years of age and/or dependents of an employee who has been working (at Volvo) for less than 1 year.
- Prosthesis for patients whose period of continuous service with Volvo is less than 12 months.
- Implants for patients whose period of continuous service with Volvo is less than 12 months.

4.3.3. Dental Emergencies

In case of an accident or intense pain, the User must go to an associated emergency service, as described on this handbook's backcover or on the website www.voam.com.br.

Dental Emergencies - Free-Choice Reimbursement (outside Curitiba)

In case of dental emergency, outside Curitiba, the beneficiary (employee or dependent) should request only dental procedures that will handle the emergency. The reimbursement will observe the amounts adopted by VOAM, upon presentation of a reimbursement requirement, including the receipt or commercial invoice, informing the dentist/dental clinic's CPF (Individual Taxpayer Registration) or CNPJ (Taxpayer Registration) number, dentist's full name or dental clinic's commercial name, CRO (Regional Odontology Board) number and description of the carried out procedures.

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NOTE: Only the emergency procedure will be reimbursed, as per dental-procedure' price list adopted by the dental plan.

4.4. Prescription Drug Coverage

4.4.1. How to obtain the Prescription Drug Coverage

Volvo has a partnership with a PBM (Pharmacy Benefits Management) – Gerenciamento de Benefícios Farmácia, which offers a considerable number of drugstores, all over Curitiba and the Metropolitan Region. At such drugstores, the employee can buy the prescribed drugs/medicines he/she needs without having to pay at the time of purchase.

When buying **prescribed drugs/medicines**, it will be considered a 70% benefit and only 30%, as co-participation, will be directly deducted from the employee's salary, on the last business day of the month. Purchases with no prescription will be fully deducted.

Prescriptions of continuous-use drugs/medicines are valid for 6 months.

Purchases of elective-use or continuous-use drugs/medicines, above R\$ 500,00, demand VOAM's approval beforehand.

The list of associated drugstores, as well as, your statement of use, are found at www.vidalink.com.br.

To purchase from associated drugstores, all you (employee/dependent) need is your VOAM card and ID card.

You cannot use your VOAM Card to purchase perfumery, cosmetics, personal care products, food or other items that are not drugs/medicines (e.g. chocolates, candies, dog food, magazines, diapers, milk, etc.), even if these items are prescribed by a doctor/dentist.

Note: The employee/dependent cannot buy items to other people, at the associated drugstores, that is, to people who are not registered dependents. This way, it is forbidden to purchase in favor of parents, cousins, neighbours, others. These cases will be informed to the Company's Human Resources so that disciplinary sanctions are applied, including employment-link termination .

4.4.2. Exclusions (non-refundable)

- cosmetic products;
- products/drugs/medicines to treat hair loss or promote hair growth;
- personal care/hygiene products;
- sunscreens, prescribed or not;
- soaps (all of them);
- shampoos (all of them);
- fat burner creams/gels (concentrated fat, cellulitis, stretch marks);
- baby powder milk, prescribed or not;
- dermatological products for cosmetic purposes (acids, oilness control lotions, formulae to remove skin-spots, etc);
- condoms and other non-hormonal contraceptives;
- pacifiers, baby bottles, diapers;
- hot water/ice bags;
- sanitary napkins/hygenic towels, tissue;
- home care (injections) or delivery;
- nutritional products;
- imported drugs/medicines of any kind;
- cleaning solutions (contact lenses);
- oral hygiene products (periogard, listerine, Noplak, etc);
- drugs/medicines used in orthomolecular treatments;

- vaccines freely offered by governmental bodies;
- drugs/medicines/products to treat infertility (treatment to stimulate pregnancy, *in vitro* fertilization);
- weight loss drugs/medicines containing amphetamines;
- splints, socks, slings, knee-braces, stabilizers, shoe insoles and other similar materials;
- gauze, adhesive tape, adhesive gauze, adhesive pads (band aid);
- energetic drinks (ex. Power Up, Gatorade, Red Bull, etc...);
- steam inhalers;
- thermometers;
- blood pressure checkers
- diabetes/cholesterol control devices/apparatus, etc.;
- drugs/medicines purchased before the prescription's date;
- drugs/medicines purchased in a number superior to the number on the prescription;
- drugs/medicines purchased with a copy of the prescription, whose original was used before - except for continuous-prescription drugs/medicines already in the pharmacy's management system;
- continuous-prescription drugs/medicines purchased after the prescription's validity (1 year for birth-control pills and 6 months for all other cases);
- acute-use drugs/medicines prescribed and not purchased within 10 days;
- Other products, as per opinion of the Company's doctor.

Owing to the market's dynamics and technological advances, new products - not listed here - will be available soon and will be (or not) listed, to be reimbursed by Volvo. So, in case of doubt, please check with the person in charge, before purchasing the drugs/medicines or products.

Note: In case of improper use of a benefit, such as purchases done by third-parties, for veterinary use, reselling of products, etc., disciplinary measures may be applied, including employment link termination.

4.5. Lenses/Frames Co-Payment

The company offers help to purchase lenses and frames. This is a benefit for the employees and their dependents.

4.5.1. How to obtain lenses/frames benefit

To request reimbursement, the employee must:

- Fill in and sign the reimbursement form, available on VOAM's website, at www.voam.com.br or service counter at our Espaço Cultural;
- Please attach a photocopy of the ophthalmologist's prescription;
- Please attach the original commercial invoice with details on the lenses and frame;
- In case of contact lenses, directly purchased from the ophthalmologist, please attach the receipt signed by the doctor, informing: his/her name, legible CRM (Regional Medicine Board) and CPF (Individual Taxpayer Registration) numbers or commercial invoice (legal entity), describing the lenses' type. These documents should be presented in ninety (90) days, at the most, counting from the date the receipt/commercial invoice is issued.

There will be a 70% reimbursement of the total receipt/commercial invoice amount, observing the maximum limit of R\$ 210.00 per user, every 12 months.

Reimbursement will be done through payroll, on the last business day of the month.

4.5.2. Exclusions (non-refundable)

- Contact lenses' cleaning/conservation material;
- Repair services on frames (nose pads, temples, screws, etc.);

- Prescribed frames and/or lenses, whose price exceeds the limit of **R\$ 210,00** per user, within 12 months, regardless the reason (frames that were lost, broke, new prescription, etc.);
- Sunglasses or contact lenses with no prescription.

4.6. Ecco-Salva Emergency Ambulance Service

Volvo do Brasil offers to its employees and their dependents, by means of a partnership with Ecco-Salva, a medical emergency service, free of any charge for the employee or his/her dependents. The assistance is provided in Curitiba, Araucária and São José dos Pinhais. Employees in other cities, within Curitiba's Metropolitan Region, are not serviced by Ecco Salva, because Ecco Salva has no services in these cities.

4.6.1. How do I call Ecco-Salva?

In case of emergency, in Curitiba, Araucária and São José dos Pinhais, please:

- call Ecco Salva - telephone number **3242-1212**;
- identify yourself as a Volvo beneficiary;
- inform the patient's data;
- follow the instructions provided.

4.6.2. Examples of Medical Emergencies covered by ECCO-SALVA

- loss of consciousness;
- intense pain, especially chest pain, oppressive pain, with (or not) cold sweat, shortness of breath, nausea;
- sudden reduced level of consciousness, difficulty to move one or more limbs or to speak;

- significant blood-loss;
- signs of severe allergy, hives/rashes and swelling, coughing and trouble breathing;
- severe respiratory distress, noisy breathing, sweat, difficulty to lay down, blueish skin, lips and tongue;
- tremors or shakes all over the body, eye-rolling and distorted mouth;
- arterial pressure peak, headaches, dizziness, shortness of breath. The patient may experience vision loss during the crisis;
- severe accidents;
- liquid loss (bleeding, diarrhea, vomit, sweat), sudden arterial pressure fall, intense thirst, paleness, strength loss and cold hands/feet;
- fractures with bleeding or loss of consciousness;
- drowning;
- electric shock;
- severe intoxications;
- aspiration of foreign bodies;
- injuries that need stitches;
- high fever, of unknown cause and resistant to fever-reducers, intense headache or before a seizure;
- persistent vomit;
- sudden and intense headaches, not common and resistant to common pain-killers;
- intense abdominal pain resistant to habitual medicines;
- intense dizziness with sudden balance loss or drowsiness;
- sudden and intense back pain, with nausea, vomit and urinary alterations;
- abdominal pain with nausea and vomit;
- deep cuts/wounds;

- fractures with no bleeding.

4.6.3. When not to use ECCO-SALVA

- situations not considered as medical emergencies:
- investigation of general symptoms (coughing, fever, malaise, etc.)
- clinical treatment control (ex.: to check blood pressure, blood sugar levels, etc.);
- chronic patients, under continuous treatment, with no acute episode;
- psychiatric episodes;
- tooth ache;
- ear ache;
- chronic alcoholism;
- transport to exams and lab tests;
- menstrual cramps;
- joint and muscular pain.

Source: ECCO-SALVA handbook

Note: If ECCO-SALVA is called to assist and the situation is not a medical emergency, ECCO-SALVA may bill R\$ 100.00 (one hundred reais) per unjustified call. And this will be deducted from the employee's salary, after due analysis and as authorized by Volvo do Brasil's medical service and as explained to the employee in advance.

IMPORTANT: in case of doubt (when to / not to use ECCO-SALVA), please call the medical advisor, on-call 24/7, free of any charge (telephone number: 3244-7700).

5. Employee Participation in the Plan's Cost

The employee's participation is discriminated on the pay roll, and always deducted on the date the salary is paid.

There will be employee's co-participation, related to effectively rendered services, observing the following proportion:

5.1. Medical/Hospital

Modality	Cost - Company	Cost - Employee
Medical Appointments	80%	20%
Physical Therapy/Acupuncture/ Occupational Therapy	80%	20%
Psychotherapy/Speech Therapy/ Nutrition/Psychopedagogy	80%	20%
Diagnostic Exams	90%	10%
Hospitalization	100%	0%

5.2. Dental

Modality	Benefit offered by the Company	Cost - Employee
Preventive & Curing Dental Treatment	80%	20%
Dental Prosthesis	60%	40%
Orthodontics (braces & maintenances)	60%	40%
Dental Implants	60%	40%

The co-participation is a moderator factor in the costs, which the employee will only pay if he/she effectively uses the plan. That is, the employee does not pay a set monthly/annual co-participation.

5.3. *Dental expenses - automatically divided into installments*

The employee's co-participation will be automatically divided into installments, as per table below. These amounts will be deducted on the payroll.

From	To	No. Installments
R\$ 200.00	R\$ 600.00	3
R\$ 601.00	R\$ 1,000.00	4
R\$ 1,001.00	R\$ 2,000.00	5
R\$ 2,001.00	Above	6

5.4. *Prescription Drug, Lenses/Frames and Ecco-Salva Coverages*

Modality	Benefit offered by the Company	Cost - Employee
Prescription Drug Coverage: reimbursement is due only for prescription drugs & medicines (please check Exclusions item 4.4.2)	70%	30%
Lenses: reimbursement limited to R\$ 210.00, every 12 months, per user (please check Exclusions item 4.5.2)	70%	30%
Ecco-Salva	100%	0%

6. Coverage & Waiting Periods

Depending on the kind of agreement the user has with the company, the coverage may vary, as described below:

Coverage	Undetermined Agreement	Apprentice	Determined Agreement	Remunerated Trainee
Medical Outpatient Services	Yes *No Waiting Period*	Yes *No Waiting Period*	Yes *No Waiting Period*	Yes *No Waiting Period*
Diagnosis & Therapy Services				
Medical/Hospital Services				
Preventive & Curing Dental Services				
Drugstore Co-Participation				
Lenses Co-Participation				
Ecco-Salva				
Dental Services - Prosthesis	Yes *Waiting Period - 1 year*	No	Yes *Waiting Period - 1 year*	No
Orthodontics & orthodontic maintenance	Yes *Waiting Period - 1 year*		Yes *Waiting Period - 1 year*	
Prosthesis & Implants	Yes *Waiting Period - 1 year*	No	Yes *Waiting Period - 1 year*	No
Refractive Surgery	Yes *Waiting Period - 1 year*		Yes *Waiting Period - 1 year*	

Obs.: Non-remunerated trainees have no coverage/benefits.

7. Free-Choice Reimbursement System

In case of reimbursable appointments, hospital expenses, exams/tests, psychotherapy and psychopedagogy sessions and other procedures, it will be taken into consideration the amounts VOAM pays to its associated professional, which is a closed negotiation directly between Volvo and the service provider and, consequently, it tends to be lower than price lists hospitals, clinics and laboratories present to private patients.

So, it is necessary to be very careful if you opt to directly pay the service provider and intend to, later on, ask reimbursement because the risk of having a significantly lower reimbursement is considerable,

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against the effectively amount paid by the user. So, it is of paramount importance to request all information available on the matter (on the website or at VOAM's offices, building 130). The reimbursed amount will be credit, on the employee's payroll already considering the deducted co-participation.

Note: Dental exams and procedures, physical therapy and occupational therapy are not reimbursable. Whenever necessary, they must be scheduled through the HC-Provider network.

IMPORTANT: all reimbursements go through an analysis, by a technical consultant who, in case of doubt, and to better assort the procedures, within the contracted table, may request additional documents.

7.1. How to Request Reimbursement

Note: It's fraud to request reimbursements using receipts on the employee/dependent's name, when the procedures were for people not covered by the plan. If proven, the employee may be subjected to disciplinary measures, including employment-link termination.

Reimbursement requests are to be forwarded to VOAM (building 130) or put into the benefit-reimbursement box, at our Espaço Cultural, together with documents that prove the expenses (always the originals), as described below:

Receipts will be issued on the patient's name (or on the name of the person responsible for the patient). All necessary items, for the reimbursement, are only valid if correctly filled in by the service provider and not by the patient/beneficiary.

Reimbursements are only done on payrolls, always on the last business day of the month.

7.1.1. Medical Appointments

Receipt/commercial invoice will be printed on letterhead (doctor/clinic) and will inform:

- Service Renderer's data (rubberstamped - name and CRM, signature, address, CPF or CNPJ);
- Amount paid;
- Patient's name and appointment's date.

7.1.2. Acupuncture

Receipt/commercial invoice will be printed on letterhead (doctor/clinic) and will inform:

- Service Renderer's data (rubberstamped - name and CRM, signature, address, CPF or CNPJ);
- Amount paid;
- Patient's name;
- Session's date;
- More than 10 sessions, it is necessary to present medical justification.

IMPORTANT: Do not request reimbursement for future (not yet rendered) sessions.

Note: It's fraud to request reimbursements using receipts on the employee/dependent's name, when the procedures were for people not covered by the plan. If proven, the employee may be subjected to disciplinary measures, including employment-link termination.

7.1.3. **Psychotherapy, Psychopedagogy and Speech Therapy**

Receipt/commercial invoice will be printed on Psychotherapist, Psychopedagogue, Speech Therapist, Clinic's letterhead, and will inform:

- Service-Renderer's data (rubberstamped - name and RP/CRFa, signature, address, CPF or CNPJ);
- amount paid;
- Patient's name;
- Date of each session;

IMPORTANT: Do not request reimbursement for future (not yet rendered) sessions.

It's fraud to present, on the same receipt, a number of psychotherapy sessions above the effectively attended ones. If proven, the employee may be subjected to disciplinary measures, including employment-link termination. If more than one session is necessary, on the same day, this extra session needs to be approved in advance.

7.1.4. **Lab Tests**

Besides service-renderer's data (name, address and CNPJ), the paid commercial invoice must also inform:

- Patient's name and exam/exams' date;
- Exam code(s) as per A.M.B. table;
- Exam's technical name, and respective unitary price;
- Please attach medical/dental prescription.

7.1.5. **X-Ray Exams**

Besides service-renderer's data (name, address and CNPJ), the paid commercial invoice must also inform:

- Patient's name and exam/exams' date;

- X-rayed parts;
- Number of incidences (X-Ray sheets)
- Price per incidence;
- Please attach prescription.

No reimbursement for dental X-Rays. If they are necessary, they will be done in the HC-Provider Network .

7.1.6. Hospitalization

Besides patient/service provider identification (doctors and hospital - name, address, CPF or CNPJ), the paid commercial invoice will be accompanied by the hospital bill, detailing:

- Hospitalization period;
- Reason for the hospitalization;
- Hospital services/expenses' discrimination, diagnostic services, therapies during the hospitalization as well as surgical material and drugs/medicines administered;
- Detailed description of the rendered medical services.

Separately, please forward receipts discriminating fees charged by the main doctor (general physician, surgeon or obstetrician), assistant doctors, surgery assistants, anesthetist and other professionals, duly dated, stamped and signed, informing the respective professional identification (CRM, CPF or CNPJ registration number)

Note: The following extra expenses are not reimbursable: telephone calls, accommodation upgrades, family/friends' meals (except when patient is under 18 years of age, is more than 60, is disabled and provided the hospital offers such service), diapers, laundry, etc.

7.1.7. Surgical Instrumentation Fee

Surgical Instrumentation Fee's receipt/commercial invoice will be printed on the instrumentator's letterhead, and inform:

- Service-renderer's data (rubberstamped name, signature, address, CPF or CNPJ);
- amount paid;
- Patient's name;
- Procedure's code - CBHPM table;
- Procedure's date.

Note: You don't have to pay for procedures/fees not agreed/informed by your doctor in advance. In case of doubt, please check with VOAM.

7.1.8. Prescription Drug Coverage

For Drugstore Reimbursement, please follow these steps:

- fill in and sign the reimbursement request, available on VOAM's website (www.voam.com.br) or service counter at our Espaço Cultural;
- attach the original prescription (or photocopy, when the drug/medicine will be used for a considerable period of time or its retention is mandatory, stating, on the prescription, the treatment's duration or “retained prescription”);
- attach original commercial invoice, discriminating the drugs/medicines on the prescription. Only up to 90-days prescriptions, counting from the issuance date, will be accepted.
- in case of controlled drugs/medicines, the commercial invoice will state: “retained prescription - controlled drug”.
- In case of formulations, the commercial invoice will discriminate product by product and the respective values.

7.1.9. Lenses/Frames Co-Payment

Please see item 4.5.1

7.1.10. Dental procedures, physical therapy and occupational therapy

VOAM does not reimburse these procedures.

7.1.11. All Other Cases

In all other cases, for instance emergency-room, the receipt/commercial invoice will inform:

- Service-renderer's data (name, CPF/CNPJ, CRM, address) and patient's data;
- Date the service was rendered;
- Discrimination of services rendered, and respective unit prices.
- Assistance report.

8. HC-Provider Network

VOAM counts on a network especially devised to cater for all our health care needs. The list includes associated doctors, dentists and other professionals, with more than 1,000 renderers of medical and dental services, who are at your disposal in routine appointments or emergencies. The list may be altered (inclusions, alterations and exclusions) at any time. In case of doubt, please check with VOAM, call 0800-643-8586 or visit www.voam.com.br.

9. How to Use the Health Care Plan Outside Curitiba and Metropolitan Region

Volvo has a partnership with Amil, which will assist you, in case of emergencies, and where VOAM's network is not present.

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To obtain medical assistant in these places, the employee/dependent has to call AMIL (3005-1000) or access AMIL's website www.amil.com.br to find the closest medical facilities. If you decide not to use AMIL, please refer to item 6 in this handbook.

If you use the Amil Card in Curitiba and Metropolitan Region, the generated expenses will be fully billed to the main employee.

IMPORTANT OBSERVATIONS

If the employee is assisted during normal working hours, he/she will request, from the service-provider, a ATESTADO (Medical Attestation) informing the day/time the assistance was provided or the sick-leave period, which will justify the employee's absence from work.

If the main beneficiary (employee) passes away, his/her dependents will only have the right to the treatments previously approved until the death date, including orthodontic maintenances (please see criteria for orthodontic procedures).

VOAM, as per its experts' opinion, may, at its own discretion, carry out investigations, audits, among other procedures, to protect and preserve the health of its beneficiaries and the plan's integrity.

Cases not discussed in this Handbook will be resolved and regulated by VOAM, and Volvo will be informed accordingly.

Under no circumstance VOAM will be liable, at any time, in case of technical mistakes made by associated professionals/service-renderers. You are free to choose from an array of associated professionals. That is, the choice is a prerogative of the beneficiary. VOAM only serves as an intermediary between the beneficiary and the professional/service-renderer and its sole purpose is to obtain commercial facilities and better prices.

10. VOAM Member Service (0800 643 8586)

There is a hotline to facilitate communication. You can call from 7 a.m. to 10 p.m.. The hotline can help you with the following topics:

- coverages and exclusions;
- previous approvals;
- service-provider's address/telephone confirmation;

If you need further information, please call VOAM at:

0800 643-8586 or send an e-mail to voam@volvo.com

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