



The strength behind your insurance

2021



MASTER SERIES

www.pacificcross.com.vn



MASTER SERIES

Master Series is designed for discerning people who want full service medical plans at an affordable price and worldwide coverage in times of need. Master Series has many optional benefits so you can tailor the coverage to your requirements and budget. Our goal is to give you peace of mind from the financial burden of future medical costs.



TWO LIFESTYLE UPGRADES
Options cover Dental, Personal accident, Medical Check-up, Vaccination and vitamins



COMPREHENSIVE



FREE TRAVEL BENEFITS
For people with Out-patient coverage



WORLDWIDE COVERAGE

SCHEDULE OF BENEFITS (in VND)

Maximum Benefit For Any ONE Disability and Sequelae

Covers normal, usual and customary charges, per disability per lifetime for:

Treatment Area

M1+

5,000,000,000

M2

10,000,000,000

M3

20,000,000,000

WORLDWIDE

INPATIENT BENEFITS – Covers normal, usual and customary charges for:

Room and Board (standard room)

Private in Vietnam,
Semi-Private in
other countries

Private in ASEAN
countries, Semi- Private
in other countries

Semi-Private in E.U/
HK/ N. America/
Switzerland.
Private in other
countries

Parent Accommodation – An extra bed in the same room for a parent accompanying an insured child under 18 years old

As Charged

Intensive Care Unit, Coronary Care Unit, and Operating Room

As Charged

Surgeon's Fee – Includes pre-surgical assessment and normal post-surgical care for each operation

600,000,000 per
operation
(1,000,000,000
upgrade)

As Charged

As Charged

Anaesthetist's Fee

Up to 35% of eligible
Surgeon's Fee

As Charged

As Charged

Pre and Post Hospitalization (including Rehabilitation) – Within 30 days before admission and 90 days after discharge up to

30,000,000 per
disability per year

40,000,000 per
disability per year

50,000,000 per
disability per year

Organ Transplant – Fees for kidney, heart, lung, liver and bone marrow transplants (up to 50% for donor and the remaining percentages for recipient, at the option of the Insured Person) to a total of

This benefit is a lump sum maximum per organ per lifetime and no other policy benefits are payable in respect of Organ Transplant.

500,000,000

1,000,000,000

4,000,000,000

HIV/AIDS – Coverage will apply when HIV and/or its related illnesses present for the first time after 5 years continuous coverage under the Policy and any renewal thereof, with lifetime limit of

500,000,000

1,000,000,000

2,000,000,000

Home Nursing – Immediately after hospitalization and certified to be medically necessary by the attending physician for up to 30 days per disability per year

As Charged

Miscellaneous Inpatient Charges – For required diagnostic laboratory tests, x-rays, prescribed medicines; professional fees; blood and plasma; wheel chair rentals; outpatient surgery; surgical appliances and devices; and intra-operative standard prosthetics (as approved by the Company)

As Charged

Hospice Care – For terminal illnesses with lifetime limit of

100,000,000

100,000,000

200,000,000

Psychiatric and Mental Disorders – Hospital charges of 50,000,000 (applicable to M1+ and M2) or 100,000,000 (applicable to M3) per year with lifetime limit of

100,000,000

150,000,000

200,000,000

Maternity Benefit – Maximum limit per pregnancy after a 12-month waiting period (90 days for miscarriage and therapeutic abortion) up to

Limit per pregnancy

- Delivery

- Miscarriage and therapeutic abortion

40,000,000
20,000,000

60,000,000
30,000,000

100,000,000

When both husband and wife are insured, the limit shall be increased by 50%

Free New Born cover – A child of an Insured Person is eligible for the same medical plan as the Insured Person (or the lower benefit level if both the parents of such child are insured persons and are insured for different levels of benefits) 15 days after the date of birth or the date of discharge - whichever is later. Eligibility is contingent on submission of an application form to the Company. Free New Born Cover extends until the Insured Person's next renewal, free of charge, provided that the Insured Person has been insured under this Policy at least 12 consecutive months and such child qualifies for insurance.

Included

Mortal Remains – Repatriation to Home Country or Country of Residence

As Charged

EMERGENCY BENEFITS

Accidental Damage to Teeth – Emergency treatment for up to 7 days following accidental loss or damage caused to sound natural teeth

As Charged

Accidental Emergency Outpatient Treatment (for covered accident which has been treated within 24 hours of the accident by the outpatient department of hospital, clinic, doctor's office)

As Charged

Emergency Local Ambulance Service

As Charged

24-Hour Emergency Assistance Services and Emergency Medical Evacuation Service

Included

Additional Travel Expenses (following Evacuation) - One economy class airline ticket to return an Insured Person to the Country of Residence

Included

	M1+	M2	M3
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OUTPATIENT BENEFITS

Outpatient Benefit - Physician and specialists' fees for office visits, physiotherapist, and chiropractor when referred by the attending physician; and, for required diagnostic laboratory tests, x-rays and prescribed medicines Alternative Medicines - Fees for visits to homeopath, osteopath, acupuncturist, bonesetter, herbalist and Chinese medicine practitioner and prescribed herbs up to an annual limit of	As Charged		
	5,000,000	10,000,000	20,000,000

TRAVEL BENEFIT (is included if Outpatient benefit is selected)
 Covers the following eligible expenses worldwide when travelling outside the Insured's country of residence on trips lasting up to 90 days

Curtailment of Trip or Cancellation Charges	50,000,000	Baggage & Travel Documents	15,000,000	Travel Delay	13,000,000
Hospital Cash Income	12,000,000	Personal Money	10,000,000	Baggage Delay	2,500,000

OPTIONAL BENEFITS

Dental Benefit – Covers 80% of normal, usual and customary charges for Eligible Expenses per year up to VND20,000,000
Personnal Accident Benefit – Option from 1,000,000,000 up to 10,000,000,000. Children (0-18 ages) only have 10% Personal Accident Sum Insured of their parents

OPTIONAL BENEFITS	LIFESTYLE UPGRADE 1	LIFESTYLE UPGRADE 2
MEDICAL CHECK-UP	2,600,000	4,000,000
VACCINATION	1,000,000	2,000,000
DENTAL BENEFIT	5,000,000 (you pay 20% and we pay 80% of eligible expenses)	10,000,000 (you pay 20% and we pay 80% of eligible expenses)
PERSONNAL ACCIDENT	200,000,000 (the benefit of Child (0-18 ages) is 20,000,000 only)	500,000,000 (the benefit of Child (0-18 ages) is 50,000,000 only)

PREMIUM RATES (UNIT: VND1,000)

AGE GROUP		0-5	6-18	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90*
PLAN	M1+	29,308	27,407	38,881	41,824	44,831	47,921	51,068	57,247	63,548	78,264	93,924	140,917	194,481	268,349	370,295	510,986
	M2	30,405	28,433	46,302	49,774	53,247	56,922	59,783	67,638	75,824	93,331	111,997	167,977	231,844	319,963	441,555	609,322
	M3	34,813	32,554	58,604	62,784	67,020	71,212	76,793	81,093	93,274	104,958	145,138	195,944	275,164	382,760	535,864	750,209
OPTIONAL BENEFITS	Upgrade Benefit: 1.000.000,000 Surgeon's Fee	1,516	1,418	1,739	1,900	2,060	2,221	2,355	2,488	2,756	2,917	3,211					
	DENTAL BENEFIT	3,150	5,775														
	PERSONNAL ACCIDENT BENEFIT	for Class 1 Occupation: 28,350 per 20,000,000															
	LIFESTYLE UPGRADE 1	4,494															
	LIFESTYLE UPGRADE 2	7,035															

* Renew Only

DISCOUNTS are not applicable to Optional Benefits and Discount for Outpatient Exclusion is not applicable to Upgrade Benefit.

Discount Option “**50,000,000 Inpatient Benefits Deductible**” is only available if a client takes Inpatient Benefits only. In this case, they can choose between two discount options - “50,000,000 Inpatient Benefits Deductible” or “20% Co-payment”.

Outpatient Exclusion	30%	NUMBER OF LIVES <table><tr><td>3 – 4 Insured Persons</td><td>5%</td></tr><tr><td>5 – 10 Insured Persons</td><td>10%</td></tr><tr><td>11 – 20 Insured Persons</td><td>15%</td></tr><tr><td>21 Insured Persons and above</td><td>20%</td></tr></table>	3 – 4 Insured Persons	5%	5 – 10 Insured Persons	10%	11 – 20 Insured Persons	15%	21 Insured Persons and above	20%
3 – 4 Insured Persons	5%									
5 – 10 Insured Persons	10%									
11 – 20 Insured Persons	15%									
21 Insured Persons and above	20%									
Treatment Area Limit (TAL): option limits coverage to 30 cumulative days of cover per policy year in North America, Japan and Hong Kong to emergency Inpatient treatment only (please refer to policy itself).	25%									
20% Co-payment: you pay 20% and we pay 80% of eligible expenses.	25%									
50,000,000 Inpatient Benefits Deductible: you pay the first 50,000,000 of eligible Inpatient treatment expenses in each policy year.	20%									

NOTE

- Smoker has 15% loading.
- These medical plans are available for residents of Vietnam only. Residents in other countries will be subject to individual consideration.

This brochure is not a contract. For exact wording and complete details of the cover, terms, conditions and exclusions of the policy please refer to the policy itself.

Effective from April 1st, 2021



PACIFIC CROSS VIETNAM is a part of an international group managing and designing travel and medical insurance benefits for people living and working in Asia. Pacific Cross Vietnam is a professional Third Party Administrator (TPA) and is **the strength behind your insurance.**

Please contact us for a free consultation!

Provided by:
HUNG VUONG
ASSURANCE CORPORATION



BẢO HIỂM
HÙNG VƯƠNG



Scan it

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