

The strength behind your insurance

 \odot

HEALTH INSURANCE 6

CPR

F

2022

FOUNDATION SERIES

www.pacificcross.com.vn

FOUNDATION SERIES

Foundation Series is designed for discerning clients who want reasonably priced medical care and worldwide coverage in times of need. Foundation Series has a wide range of flexible medical benefits to meet your health care needs with the convenience of an all in one plan - medical treatment, maternity, preventative health benefit and personal accident.

\mathbf{d}

DENTAL BENEFITS are optional to match your needs and budget

IN VIETNAM

Extensive DIRECT BILLING NETWORK

ASSISTANCE WORLDWIDE

COVERAGE

24/7

EMERGENCY

SCHEDULE OF BENEFITS (in VND)

Concern Land Concern Land<		STANDARD	EXECUTIVE	PREMIER			
INPATIENT BENEFITS - Covers normal, usual and customary charges for: Semi-Private up to 2,000,000(day) (Private in Vietnam) Semi-Private up to 3,000,000(day) (Private in Vietnam) Semi-Private up to 3,000,000(day) Semi-Private up to 3,000,000(day) Semi-Private up to 4,000,000(day) Semi-Private up to 3,000,000(day) Semi-Private up to 3,000,000,000 Semi-Private up to 3,000,000,000 Semi-Priva		500,000,000	1,000,000,000	2,000,000,000			
Room and Board (standard room) Semi-Private up to 2,000,000/dsy (Private in Vietnam) Semi-Private up to 3,000,000/dsy (Private in Vietnam) Semi-Private up to 2,000,000/dsy (Private in Vietnam) Semi-Private up to 1,000,000/dsy (Private in Vietnam) Semi-Private up to 3,000,000/dsy (Private in Vietnam) Semi-Private up to 3,000,000/dsy (Private in Vietnam) Semi-Private up to 3,000,000/dsy (Private in Vietnam) Semi-Private up to 2,000,000/dsy (Private up to 2,000,000/dsy (Private up to 2,000,000/dsy (Private up to 2,000,000,000) Semi-Private up to 2,000,000,000 <td>Treatment Area</td> <td colspan="6">WORLDWIDE</td>	Treatment Area	WORLDWIDE					
Room and Board (standard room) 2.000.000/day (Private in Vietnam) 3.000.000/day (Private in Vietnam) 4.000.000/day (Private in Vietnam) Parent Accommodation - An extra bed in the same room for a parent accompanying an insured child under 18 years old Up to limit UFUENT & Board of the UFUENT Person Intensive Care Unit, Coronary Care Unit - 15 days maximum per disability per year 3,000,000/day 5,000,000/day 7,000,000/day Physician's Daily Hospital Visit Correction Solo (Solo (INPATIENT BENEFITS – Covers normal, usual and customary charges for	r:					
insured child under 18 years old 001 00 million i House Board of intellisuble Person Intensive Care Unit, Coronary Care Unit – 15 days maximum per disability per year 3,000,000/day 5,000,000/day 7,000,000/day Physician's Daily Hospital Visit Correcting Room Correcting Room As Charged As Charged Surgeon's Fee – Includes pre-surgical assessment and normal post-surgical care for each operation 100,000,000 per operation 200,000,000 per operation	Room and Board (standard room)	2,000,000/day	3,000,000/day	Semi-Private up to 4,000,000/day (Private in Vietnam)			
Physician's Daily Hospital VisitS,000,000 dayS,000,000 day7,000,000 daySpecialist's FeeAs ChargedAs ChargedAs ChargedOperating Room20,000,000 per operationAs ChargedAs ChargedSurgeon's Fee - Includes pre-surgical assessment and normal post-surgical care for each operation200,000,000 per operation200,000,000 per operation240,000,000 per operationAnaesthetist's FeeUp to 30% of eligible Surgeon's Fee200,000,000 per operation200,000,000 per 		Up to limit of Room & Board of the Insured Person					
Specialist's Fee As Charged Operating Room 20,000,000 per operation As Charged As Charged As Charged Surgeon's Fee - Includes pre-surgical assessment and normal post-surgical care for each operation 100,000,000 per operation 200,000,000 per operation 240,000,000 per operation 200,000,000 per op	Intensive Care Unit, Coronary Care Unit - 15 days maximum per disability per year	3,000,000/day	5,000,000/day	7,000,000/day			
Operating Room20,000,000 per operationAs ChargedAs ChargedSurgeor's Fee - Includes pre-surgical assessment and normal post-surgical care for each operation100,000,000 per operation200,000,000 per operation240,000,000 per operationAnaesthetist's FeeUp to 30% of eligible Surgeors200,000,000 per operation200,000,000 per operation200,000,000 per operationAnaesthetist's FeeUp to 30% of eligible Surgeors200,000,000 per disability per year15,000,000 per disability per year200,000,000 per disability per yearOrgan 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.200,000,000200,000,000300,000,000Miscellaneous Inpatient Charges - For required diagonstic laboratory tests, x-rays, prescribed medicines; professional fees; blood and plasma; wheel chair rental; outpatient surgery; surgical appliances and devices; and intra-operative standard prosthetics (as approved by the Company)100,000,000 per disability per year110,000,000 per disability per year210,000,000 per disability per yearMaternity Benefit - Maximum limit per perganacy after a 12-month waiting period (90 days approved by the Company)100,000,000 per disability per year110,000,000 per disability per year210,000,000 per disability per yearMaternity Benefit - Maximum limit per pregonacy after a 12-month waiting period (90 days a period is benefits) 15 day	Physician's Daily Hospital Visit		As Charged				
Operating RoomoperationAs ChargedAs ChargedAs ChargedSurgeon's Fee - Includes pre-surgical assessment and normal post-surgical care for each operation100,000,000 per operation200,000,000 per operation240,000,000 per operationAnaesthetist's FeeUp to 30% of eligible Surgeon's FeePre and Post Hospitalization (including Rehabilitation) - Within 30 days before admission and 90 days after discharge up to10,000,000 per disability per year15,000,000 per disability per year20,000,000 per disability per yearOrgan 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.200,000,000 400,000/day200,000,000300,000,000 400,000/dayMiscellaneous Inpatient Charges - For required diagnostic laboratory tests, x-rays, prescribed medicines, professional fees; blod and plasma; wheel chair rentals; outpatient surgeory: surgical appliances and devices; and intra-operative standard prosthetics (as approved by the Company)140,000,000 per disability per year210,000,000 per disability per yearMatternity Benefit - Maximum limit per pregnancy after a 12-month waiting period (90 days for miscarriage and therapeutic abortion) up toNo110,000,00015,000,000When both husband and wife are insured, the limit shall be increased by 50%No10,000,00015,000,000Free New Born cover - Free New Born cover - A child of an Insured Person is eligible for the same med	Specialist's Fee		As Charged				
operationoperationoperationoperationoperationoperationAnaesthetist's FeeUp to 30% of eligible Surgeon's FeePre and Post Hospitalization (including Rehabilitation) - Within 30 days before admission and 90 days after discharge up to10,000,000 per disability per year15,000,000 per disability per year20,000,000 per disability per yearOrgan 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 lumg sum maximum per organ per lifetime and no other policy benefits are payable in respect of Organ Transplant.200,000,000200,000,000300,000,000Home Nursing - Immediately after hospitalization and certified to be medically necessary by the attending physician for up to 30 days per disability per year400,000/day600,000/day1,000,000 per disability per yearMiscellaneous 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)10,000,000 per disability per yearMaternity Benefit - Maximum limit per pregnancy after a 12-month waiting period (90 days for miscarriage and therapeutic abortion) up to10,000,000When both husband and wife are insured, the limit shall be increased by 50%.No10,000,000Fee New Born cover - A child of an Insured Person is eligible for the same medical plan as the Insured Persons and are insured tor different levels of benefits 15 days after the date of	Operating Room		As Charged	As Charged			
Pre and Post Hospitalization (including Rehabilitation) – Within 30 days before admission and 90 days after discharge up to10,000,000 per disability per year20,000,000 per disability per year20,000,000 per disability per yearOrgan 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 of100,000,000 Per disability per year200,000,000 per disability per year200,000,000 per disability per yearHome Nursing – Immediately after hospitalization and certified to be medically necessary by the attending physician for up to 30 days per disability per year400,000/day600,000/day1,000,000 per disability per yearMiscellaneous Inpatient Charges – For required diagnostic laboratory tests, x-rays, prescribed medicines; professional fees; blood and plasma; wheel chair rentals; outpatient sapproved by the Company)80,000,000 per disability per year140,000,000 per disability per year210,000,000 per disability per yearMaternity Benefit – Maximum limit per pregnancy after a 12-month waiting period (90 days for miscarriage and therapeutic abortion) up to When both husband and wife are insured, the limit shall be increased by 50%.No10,000,00015,000,000Free New Born cover - A child of an Insured Person is eligible for the same medical plan as the Insured Person (or the lower benefit) 15 days after the date of birth or the date of discharge - whichever is later. Eligibility is contingent on submission of NoIncludedIncluded				240,000,000 per operation			
admission and 90 days after discharge up todisability per yeardisability per yeardisability per yearOrgan 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 	Anaesthetist's Fee	Up to	30% of eligible Surgeon'	s Fee			
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.100,000,000200,000,000300,000,000Home Nursing – Immediately after hospitalization and certified to be medically necessary by the attending physician for up to 30 days per disability per year400,000/day600,000/day1,000,000/dayMiscellaneous 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)80,000,000 per disability per year140,000,000 per disability per year210,000,000 per disability per yearMaternity Benefit – Maximum limit per pregnancy after a 12-month waiting period (90 days for miscarriage and therapeutic abortion) up toNo10,000,00015,000,000When both husband and wife are insured, the limit shall be increased by 50%No10,000,00015,000,000Free New Born cover – 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 ofNoIncludedIncluded		· · · ·		20,000,000 per disability per year			
by the attending physician for up to 30 days per disability per year 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) Maternity Benefit – Maximum limit per pregnancy after a 12-month waiting period (90 days for miscarriage and therapeutic abortion) up to When both husband and wife are insured, the limit shall be increased by 50% Free New Born cover – 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) 15 days after the date of birth or the date of discharge - whichever is later. Eligibility is contingent on submission of Miscellaneous Inpatient of discharge - whichever is later. Eligibility is contingent on submission of by the attending physician for up to 30 days per disability per year 400,000/day 80,000,000 per disability per year 140,000,000 per disability per year 140,000,000 per disability per year 140,000,000 per disability per year 15,000,000 15,00	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	100,000,000	200,000,000	300,000,000			
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)80,000,000 per disability per year140,000,000 per disability per year210,000,000 per disability per yearMaternity Benefit - Maximum limit per pregnancy after a 12-month waiting period (90 days for miscarriage and therapeutic abortion) up toNo10,000,00015,000,000When both husband and wife are insured, the limit shall be increased by 50%Free New Born cover - 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 NoNoIncludedIncluded		400,000/day	600,000/day	1,000,000/day			
for miscarriage and therapeutic abortion) up toNo10,000,00015,000,000When both husband and wife are insured, the limit shall be increased by 50%No10,000,00015,000,000Free New Born cover - 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 NoNoIncluded	prescribed medicines; professional fees; blood and plasma; wheel chair rentals; outpatient surgery; surgical appliances and devices; and intra-operative standard prosthetics (as			210,000,000 per disability per year			
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 No Included Included	for miscarriage and therapeutic abortion) up to	No	10,000,000	15,000,000			
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.	Free New Born cover – 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	No	Included	Included			
Preventive Health Benefit – Annual limit for routine check-up, vaccinations, appliances, 1,500,000 2,000,000 3,000,000		1,500,000	2,000,000	3,000,000			
Burial and Funeral 6,000,000 10,000,000 10,000,000		6,000,000	10,000,000	10,000,000			
Personal Accident Benefits 30,000,000 40,000,000 60,000,000	Personal Accident Benefits	30,000,000	40,000,000	60,000,000			

	STANDARD	EXECUTIVE	PREMIER		
EMERGENCY BENEFITS - Subject to the overall maximum limit per disability					
Accidental Damage to Teeth - Emergency treatment for up to 7 days following accidental loss or damage caused to sound natural teeth	10,000,000 per accident	15,000,000 per accident	20,000,000 per accident		
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				
OUTPATIENT BENEFITS: Client can choose any plan					
MAXIMUM BENEFIT PER YEAR	24,000,000	36,000,000	48,000,000		
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	1,500,000/visit	2,000,000/visit	2,500,000/visit		
Alternative Medicines - Fees for visits to homeopath, osteopath, acupuncturist, bonesetter, herbalist and Chinese medicine practitioner; and prescribed herbs up to an annual limit of	5,000,000				
OPTIONAL BENEFITS					

Dental Benefit 1 - Covers 80% of normal, usual and customary charges for Eligible Expenses per year up to VND5,000,000

Dental Benefit 2 - Covers 80% of normal, usual and customary charges for Eligible Expenses per year up to VND10,000,000

PREMIUM RATES (UNIT: VND1,000)														
AG	E 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
ENT	STANDARD	4,474	4,084	5,655	6,205	6,676	7,199	7,697	8,901	10,079	12,618	15,707	23,560	35,340
INPATIE	EXECUTIVE	5,506	5,026	6,885	7,461	8,037	8,692	9,346	10,943	12,566	15,420	20,525	30,787	46,180
	PREMIER	6,797	6,205	11,205	12,147	13,116	14,163	14,660	16,650	18,980	23,038	30,368	45,552	68,328
IENT	STANDARD	4,130	3,770	2,829	3,120	3,297	4,083	4,296	4,538	4,743	4,959	5,212	7,818	11,727
OUTPATI	EXECUTIVE	6,341	5,788	4,896	5,865	6,237	6,549	8,169	8,561	9,007	9,401	9,819	14,728	22,092
	PREMIER	7,802	7,122	6,466	7,749	8,220	8,694	10,815	11,312	11,887	12,435	12,990	19,485	29,227

OPTIONAL BENEFITS						
Dental Benefit 1	2,100					
Dental Benefit 2	3,780					

DISCOUNT	
3 – 4 Insured Persons	5%
5 – 10 Insured Persons	10%
11 - 20 Insured Persons	15%
21 Insured Persons and above	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.



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

Administration Office: PACIFIC CROSS VIETNAM

Ho Chi Minh City 16th Floor | Royal Centre Tower B 235 Nguyen Van Cu Street | Dist. 1 Tel: (+84 28) 7306 9669 Email: inquiry@pacificcross.com.vn

Sales Office: PACIFIC CROSS VIETNAM

Ho Chi Minh City 6th Floor | Pax Sky Tower | 159C De Tham St. | Dist.1 Tel: (+84 28) 7306 9669

Hanoi 19th Floor | VCCI Tower | 9 Dao Duy Anh St. | Dong Da Dist. Tel: (+84 24) 7308 6699