

HEALTHUP SERIES



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HEALTHUP SERIES



WORLDWIDE
COVERAGE



CANCER COVERAGE
INCLUDED



GUARANTEED RENEWABILITY
UP TO 90 YEARS OF AGE



FULL COVERAGE
AT AFFORDABLE PRICES

SCHEDULE OF BENEFITS (in VND)

	HU1	HU2
Maximum Benefit per Policy Year	650,000,000	1,000,000,000
Coverage Area	Worldwide	Worldwide
CORE BENEFITS – Covers normal, usual and customary charges for:		
Inpatient Treatment Room Cost: maximum 60 days/policy year	2,500,000/day	3,500,000/day
ICU: maximum 15 days/policy year	5,000,000/day	7,000,000/day
Inpatient Surgery Fee: fees for surgeon, operating room, anaesthetist, pre-surgical assessment and normal post-surgical care	65,000,000/hospitalization	100,000,000/hospitalization
Miscellaneous Inpatient Charges: fees for required diagnostic laboratory tests, imaging, prescribed medicines, doctor fees, blood, plasma, wheel chair rental for using in hospital, medical supplies, surgical appliances and devices, medical device to be placed inside the body...	45,000,000/hospitalization	70,000,000/hospitalization
Outpatient Endoscopic Surgery: fees for surgeon, operating room, anaesthetist, lab tests, imaging, medical supplies, surgical appliances and devices, prescribed medicines, and other related charges.	65,000,000/surgery	100,000,000/surgery
Pre-Hospitalization Treatment (within 30 days before admission).	15,000,000/policy year	25,000,000/policy year
Post-Hospitalization Treatment (within 30 days after discharge).	15,000,000/policy year	25,000,000/policy year
Home Nursing: maximum 20 days/policy year.	250,000/day	350,000/day
Ambulance Service	6,000,000/policy year	7,000,000/policy year
Oncology Treatment Fees for radiotherapy and chemotherapy received as inpatient or outpatient treatment.	650,000,000/policy year	1,000,000,000/policy year
Organ Transplant Fees for kidney, heart, lung, liver and bone marrow transplants for the recipient Insured Person (up to 50% for donor and the remaining percentages for recipient, at the option of the Insured Person). The Company does not pay for the cost of acquiring an organ. This benefit is a lump sum maximum per organ per lifetime and no other policy benefits are payable in respect of Organ Transplant.	250,000,000/organ	300,000,000/organ
Maternity Benefit Expenses for maternity check-up, delivery, New born baby care (within 7 days of delivery), treatment of maternity complications.	11,000,000/pregnancy	15,000,000/pregnancy
Accidental Outpatient Treatment in Emergency Ward: services in emergency ward of hospital /clinic for covered accident which has been treated within 24 hours of the accident.	4,500,000/accident	6,000,000/accident
Treatment of Accidental Damage to Teeth: emergency treatment for up to 7 days following accidental loss or damage caused to sound natural teeth. Teeth replacement is excluded.	4,500,000/accident	6,000,000/accident

	HU1	HU2
OUTPATIENT MEDICAL BENEFIT (Optional)		
Outpatient Treatment (non-surgery): fees for doctor, required diagnostic laboratory tests, imaging, prescribed medicines, medical supplies, and other related charges.	3,000,000/visit, maximum 22,000,000/policy year	4,000,000/visit, maximum 30,000,000/policy year
Outpatient Surgery Fee: fees for surgeon, operating room, anaesthetist, lab tests, imaging, medical supplies, surgical appliances and devices, prescribed medicines, and other related charges.	32,000,000/policy year	50,000,000/policy year
Fee for Physiotherapy, Chiropractic in Outpatient Treatment: maximum 30 days/policy year	120,000/day	150,000/day

DENTAL BENEFIT (optional)		
Maximum benefit	12,000,000/policy year	15,000,000/policy year
Covers the costs of: - Examination, X-rays. - Treatment of gingivitis, periodontitis. - Root tip resection, Removal of calculus under gum. - Tooth filling. - Root canal treatment. - Extraction (including surgery). - Tooth cleaning (maximum 1 time/policy year).	Co-payment 20:80 (the Company pay 80%)	Co-payment 20:80 (the Company pay 80%)

PERSONAL ACCIDENT BENEFIT (optional): Sum Insured: 100,000,000 - 1,000,000,000 /policy year
This benefit is only available to Insured Persons aged from fifteen (15) days to (70) seventy years. This benefit will not be renewed if the insured person has reached the age of 71 years upon the renewal date.

Accidental death	100%
Total and irrecoverable loss of sight in one or both eyes	100%
Total loss of one or more limbs	100%
Total and irremediable loss of use of two or more limbs	100%
Permanent Total Disablement	100%
Total and irremediable loss of use of one limb	50%

GROUP DISCOUNT (applicable to Core benefits and Outpatient medical benefit only)	
Group 3 - 4 persons	5%
Group 5 - 10 persons	10%
Group 11 - 20 persons	15%
Group over 20 persons	20%

PREMIUM RATES (UNIT: VND 1,000)													
AGE GROUP		0 - 3	4 - 5	6 - 18	19 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 - 65
CORE BENEFITS	HU1	20,389	8,497	6,278	6,317	6,575	6,665	6,870	7,188	7,805	8,876	9,978	11,079
	HU2	25,254	10,524	7,776	7,784	8,103	8,214	8,466	8,858	9,619	10,994	12,360	13,723
OUTPATIENT MEDICAL BENEFIT	HU1	16,966	7,663	5,747	5,523	5,633	5,711	5,887	6,035	6,193	6,763	7,068	7,736
	HU2	22,754	10,277	7,708	7,407	7,555	7,659	7,895	8,094	8,306	9,070	9,479	10,375
DENTAL BENEFIT	HU1	1,742	2,438	2,438	2,438	2,438	2,438	2,438	2,438	2,438	2,438	2,438	2,438
	HU2	2,177	3,047	3,047	3,047	3,047	3,047	3,047	3,047	3,047	3,047	3,047	3,047

A 25% loading is applied to all policies in which children aged 0-3 are insured alone (without their parents). Apply for Core benefits and Outpatient medical benefit.

PERSONAL ACCIDENT BENEFIT:	
Occupation	Premium Rate
Class 1	0.090%
Class 2	0.095%
Class 3	0.099%

PACIFIC CROSS VIETNAM (PCV) is part of Pacific Cross Group of Companies and specializing in third-party administration (TPA) services for life and non-life insurance companies, including the development and management of health & travel insurance projects, and reinsurance support for insurers and reinsurers.



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