

HEALTH FIRST SERIES



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HEALTH FIRST SERIES



WORLDWIDE
COVERAGE



CANCER COVERAGE
INCLUDED



GUARANTEED RENEWABILITY
UP TO 90 YEARS OF AGE



FULL COVERAGE
AT AFFORDABLE PRICES

SCHEDULE OF BENEFITS (in VND)

| | HF1 | HF2 | HF3 |
|--|----------------------------|----------------------------|----------------------------|
| Maximum Benefit per Policy Year | 150,000,000 | 250,000,000 | 450,000,000 |
| Coverage Area | WORLDWIDE | | |
| CORE BENEFITS – Covers normal, usual and customary charges for: | | | |
| Inpatient Treatment Room Cost: maximum 60 days/policy year | 800,000/day | 1,200,000/day | 1,800,000/day |
| ICU: maximum 15 days/policy year | 1,600,000/day | 2,400,000/day | 3,600,000/day |
| Inpatient Surgery Fee: Fees for surgeon, operating room, anaesthetist, pre-surgical assessment and normal post-surgical care | 15,000,000/hospitalization | 25,000,000/hospitalization | 45,000,000/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. | 9,000,000/hospitalization | 15,000,000/hospitalization | 30,000,000/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. | 15,000,000/surgery | 25,000,000/surgery | 45,000,000/surgery |
| Pre-Hospitalization Treatment (within 30 days before admission) | 3,000,000/policy year | 5,000,000/policy year | 10,000,000/policy year |
| Post-Hospitalization Treatment (within 30 days after discharge) | 3,000,000/policy year | 5,000,000/policy year | 10,000,000/policy year |
| Home Nursing: Maximum 20 days/policy year. | 80,000/day | 120,000/day | 180,000/day |
| Ambulance Service | 2,000,000/policy year | 4,000,000/policy year | 5,000,000/policy year |
| Oncology Treatment Fees for radiotherapy and chemotherapy received as inpatient or outpatient treatment. | 150,000,000/policy year | 250,000,000/policy year | 450,000,000/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 | 100,000,000/organ | 150,000,000/organ | 200,000,000/organ |
| Maternity Benefit Expenses for maternity check-up, delivery, New born baby care (within 7 days of delivery), treatment of maternity complications | 6,000,000/pregnancy | 7,000,000/pregnancy | 9,000,000/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 | 1,200,000/accident | 1,500,000/accident | 3,000,000/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 | 1,200,000/accident | 1,500,000/accident | 3,000,000/accident |

| | HF1 | HF2 | HF3 |
|--|--|--|---|
| OUTPATIENT MEDICAL BENEFIT (Optional) | | | |
| Outpatient Treatment (non-surgery): Fees for doctor, required diagnostic laboratory tests, imaging, prescribed medicines, medical supplies, and other related charges. | Maximum 5,000,000/policy year, 800,000/visit | Maximum 7,000,000/policy year, 1,000,000/visit | Maximum 15,000,000/policy year, 2,000,000/visit |
| Outpatient Surgery Fee: Fees for surgeon, operating room, anaesthetist, lab tests, imaging, medical supplies, surgical appliances and devices, prescribed medicines, and other related charges. | 7,000,000/policy year | 12,000,000/policy year | 22,000,000/policy year |
| Fee for Physiotherapy, Chiropractic in Outpatient Treatment: Maximum 30 days/policy year. | 50,000/day | 70,000/day | 100,000/day |

| | | | |
|---|--|--|--|
| DENTAL BENEFIT (Optional) | | | |
| Maximum benefit | 5,000,000/policy year | 7,000,000/policy year | 10,000,000/policy year |
| Covers the costs of: <ul style="list-style-type: none"> - Examination, X-rays - Treatment of gingivitis, periodontitis - Root tip resection, Removal of calculus under gums - Tooth filling - Root canal treatment - Extraction (including surgery) - Tooth cleaning (maximum 1 time/policy year) | Co-payment 80/20 (the Company pays 80%) | Co-payment 80/20 (the Company pays 80%) | Co-payment 80/20 (the Company pays 80%) |

| | |
|---|------|
| PERSONAL ACCIDENT BENEFIT (Optional): Sum Insured: 100,000,000 - 1,000,000,000 /policy year <i>This benefit is only available to Insured Persons aged from fifteen (15) days to seventy (70) years. This benefit will not be renewed if the insured person has reached the age of seventy one (71) years upon the renewal date.</i> | |
| 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 | HF1 | 6,143 | 2,560 | 1,892 | 2,020 | 2,102 | 2,131 | 2,197 | 2,298 | 2,496 | 2,674 | 3,007 | 3,338 |
| | HF2 | 9,063 | 3,777 | 2,791 | 2,891 | 3,010 | 3,051 | 3,145 | 3,290 | 3,573 | 3,945 | 4,436 | 4,925 |
| | HF3 | 15,095 | 6,291 | 4,648 | 4,719 | 4,913 | 4,980 | 5,133 | 5,370 | 5,832 | 6,571 | 7,388 | 8,202 |
| OUTPATIENT MEDICAL BENEFIT | HF1 | 5,483 | 2,477 | 1,857 | 1,785 | 1,821 | 1,846 | 1,903 | 1,951 | 2,002 | 2,186 | 2,284 | 2,500 |
| | HF2 | 8,366 | 3,778 | 2,834 | 2,723 | 2,778 | 2,816 | 2,903 | 2,976 | 3,054 | 3,334 | 3,485 | 3,814 |
| | HF3 | 13,304 | 6,009 | 4,507 | 4,331 | 4,417 | 4,478 | 4,616 | 4,732 | 4,856 | 5,303 | 5,542 | 6,066 |

A 25% loading is applied to all policies in which children aged 0-3 are insured alone (without their parents)

| DENTAL BENEFIT Co-payment 20% | AGE | HF1 | HF2 | HF3 |
|----------------------------------|-------------|-------|-------|-------|
| | 0-3 | 907 | 1,016 | 1,451 |
| | 4-65 | 1,270 | 1,422 | 2,031 |

| |
|---|
| PERSONAL ACCIDENT BENEFIT: 0.09% PREMIUM RATES FOR CLASS 1 OCCUPATION |
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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.

Provided by:
HUNG VUONG
INSURANCE CORPORATION



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Contact us to put your Health First