HealthUP Series





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CANCER COVERAGE INCLUDED



GUARANTEED RENEWABILITY UP TO 90 YEARS OF AGE



COVERAGE	COVERAGE INCLUDED		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 surge room, anaesthetist, pre-surgical assenormal post-surgical care		65,000,000/hospitalization	100,000,000/hospitalization				
Miscellaneous Inpatient Charges: fees diagnostic laboratory tests, imaging medicines, doctor fees, blood, plasma, who for using in hospital, medical supplies, surg and devices, medical device to be placed in	g, prescribed eel chair rental ical appliances	45,000,000/hospitalization	70,000,000/hospitalization				
Outpatient Endoscopic Surgery: fees operating room, anaesthetist, lab tests, im supplies, surgical appliances and device medicines, and other related charges.	aging, medical	65,000,000/surgery	100,000,000/surgery				
Pre-Hospitalization Treatment (within 3 admission).	0 days before	15,000,000/policy year	25,000,000/policy year				
Post-Hospitalization Treatment (within discharge).	30 days after	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 chemotherap inpatient or outpatient treatment.	y received as	650,000,000/policy year	1,000,000,000/policy year				
Organ Transplant Fees for kidney, heart, lung, liver and transplants for the recipient Insured Pers for donor and the remaining percentages at the option of the Insured Person). does not pay for the cost of acquiring an This benefit is a lump sum maximum p lifetime and no other policy benefits a respect of Organ Transplant.	on (up to 50% s for recipient, The Company organ. Der organ per	250,000,000/organ	300,000,000/organ				
Maternity Benefit Expenses for maternity check-up, delive baby care (within 7 days of delivery), maternity complications.	ery, New born treatment of	11,000,000/pregnancy	15,000,000/pregnancy				
Accidental Outpatient Treatment in Ward: services in emergency ward of hos covered accident which has been treathours of the accident.	pital /clinic for	4,500,000/accident	6,000,000/accident				
Treatment of Accidental Damage emergency treatment for up to 7 d accidental loss or damage caused to steeth. Teeth replacement is excluded.	ays following	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.	red diagnostic laboratory tests, imaging, prescribed								
Outpatient Surgery Fee: fees for surgeon, operating room, anaesthetist, lab tests, imaging, medical supplies, surgical appliances and devices, prescribed medicines, and other related charges.	anaesthetist, lab tests, imaging, medical supplies, all appliances and devices, prescribed medicines, all appliances and devices, prescribed medicines,								
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									
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).									
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 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.									
Accidental death							1	00%	
Total and irrecoverable loss of sight in one or both eyes							1	00%	
Total loss of one or more limbs						1	00%		
Total and irremediable loss of use of two or more limbs							1	00%	
Permanent Total Disablement							1	00%	
Total and irremediable loss of use of one limb							50%		
GROUP DISCOUNT (applicable to Core benefits and Or	utpatient me	edical ben	efit only)						
Group 3 - 4 persons							5%		
Group 5 - 10 persons						0%			
Group 11 - 20 persons						1	15%		
Group over 20 persons						2	20%		
PREMIUM RATES (UNIT: VND 1,000)									
AGE GROUP 0 - 3 4 - 5 6 - 18 19 - 29	5 26-30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56-60	61-65	

AGE C	ROUP	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	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
MED!	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	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
DEN	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					
Class1	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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