

MASTER SERIES



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**PACIFIC
CROSS**

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)

	M1+	M2	M3
Maximum Benefit For Any ONE Disability and Sequelae Covers normal, usual and customary charges, per disability per lifetime for:	5,000,000,000	10,000,000,000	20,000,000,000
Treatment Area	WORLDWIDE		

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

	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
Room and Board (standard room)			
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 270 days waiting period (90 days for miscarriage and therapeutic abortion) up to Limit per pregnancy - Delivery - Miscarriage and therapeutic abortion When both husband and wife are insured, the limit shall be increased by 50%	40,000,000 20,000,000	60,000,000 30,000,000	100,000,000
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 270 consecutive days 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

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 20,000,000

Personal 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)
PERSONAL 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: VND 1,000)

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+	34,187	30,672	43,512	46,805	50,171	53,628	57,150	64,066	71,117	87,586	105,110	157,700	217,644	300,308	414,396	571,842	
	M2	36,598	31,819	51,818	55,703	59,589	63,703	66,903	75,694	84,855	104,447	125,336	187,983	259,455	358,070	494,143	681,889	
	M3	41,905	36,432	65,584	70,261	75,003	79,694	85,940	90,751	104,383	117,459	162,423	219,281	307,937	428,346	599,683	839,556	
OPTIONAL BENEFITS	Upgrade Benefit: 1,000,000,000 Surgeon's Fee	1,862	1,588	1,947	2,126	2,307	2,486	2,635	2,786	3,085	3,264	3,593						
	DENTAL BENEFIT	3,440	6,306															
	PERSONAL ACCIDENT BENEFIT	for Class 1 Occupation: 28.350 per 20,000																
	LIFESTYLE UPGRADE 1	4,907																
LIFESTYLE UPGRADE 2	7,681																	

* 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%
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%

NUMBER OF LIVES

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, items, conditions and exclusions of the policy please refer to the policy itself

Effective from April 1st, 2025



PACIFIC CROSS VIETNAM (PCV) is part of Pacific Cross Group of Companies and specializing in 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.

Please contact us for a free consultation!

Provided by:

**HUNG VUONG
INSURANCE CORPORATION**



**HUNG VUONG
INSURANCE**

PACIFIC CROSS VIETNAM

Ho Chi Minh City

6th Floor | VNPT Building
1487 Nguyen Van Linh Street
Tan Phong Ward | Dist.7
Tel: (+84 28) 7306 9669
Email: inquiry@pacificcross.com.vn

Hanoi

12A Floor | Geleximco Building
36 Hoang Cau Street | Dong Da Dist.
Tel: (+84 24) 7308 6699



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