

SUMMARY OF COVERAGE BENEFITS AND EXCLUSIONS**CARE SERIES**
CARE FIRST - CARE CROSS - CARE ELITE

The product's premium rating methodology and basis were approved by the Ministry of Finance under Official Letter No. 9291/BTC-QLBH dated June 26, 2025.

The Terms and Conditions were issued under the Decision No. 166/2025/QĐ-BHV-TGD dated July 30, 2025 by the General Director of Hung Vuong Insurance Corporation.



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I

PLAN AND BENEFITS





1.1. Insurance Benefits

The following table shows the maximum benefit limits for the Insurance Plans and Coverage Benefits of the product

PLAN	CARE FIRST			CARE CROSS			CARE ELITE	
	CF1	CF2	CF3	CC1	CC2	CC3	CE1	CE2
Main Benefits								
Inpatient Benefit	100 million/Policy Year	250 million/Policy Year	500 million/Policy Year	1 billion/Policy Year	2 billion/policy year	5 billion/Policy Year	10 billion/Policy Year	20 billion/Policy Year
Optional Benefits								
Outpatient Benefit	10 million/Policy Year	25 million/Policy Year	50 million/Policy Year	100 million/Policy Year	200 million/Policy Year	500 million/Policy Year	1 billion/Policy Year	2 billion/Policy Year
Maternity Benefit	10 million/Policy Year	15 million/Policy Year	20 million/Policy Year	30 million/Policy Year	50 million/Policy Year	60 million/Policy Year	80 million/Policy Year	100 million/Policy Year
Dental Benefit	N/A	N/A	5 million/Policy Year	7,5 million/Policy Year	10 million/Policy Year	20 million/Policy Year	30 million/Policy Year	40 million/Policy Year
Personal Accident Benefit	Sum Insured from VND 20 million/Policy Year to 10 billion/Policy year							

The Policyholder may choose one Insurance Plan to be covered for Inpatient Benefits. Additionally, the Policyholder may opt to purchase one or more Optional Benefits.





1.2. Inpatient Benefits

The table below lists the benefits and sub-limits applicable to this benefit (Unit: VND).

PLAN	CARE FIRST			CARE CROSS			CARE ELITE	
	CF1	CF2	CF3	CC1	CC2	CC3	CE1	CE2
Maximum Benefit/Policy Year	100 million	250 million	500 million	1 billion	2 billion	5 billion	10 billion	20 billion
Coverage Area	Vietnam			Worldwide (*)				
1. Room and Board Expenses (Maximum 60 days/Policy Year)	600,000 /day	1,250,000 /day	2,500,000 /day	4,000,000 /day	6,000,000 /day	7,000,000 /day	8,000,000 /day	9,000,000 /day
2. Daily Doctor's Visit and Specialist Consultation Expenses (Maximum 30 visits/Policy Year)	500,000 /visit	1,000,000 /visit	1,500,000 /visit	3,000,000 /visit	4,000,000 /visit	5,000,000 /visit	6,000,000 /visit	7,000,000 /visit
3. Intensive Care Unit (ICU), Coronary Care Unit (CCU), and High Dependency Unit (HDU) Room Expenses (Maximum 30 days/Policy Year)	1,200,000 /day	2,500,000 /day	5,000,000 /day	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
4. Pre-Hospitalization Treatment (Within 30 days before admission)	3,000,000 /Policy Year	6,000,000 /Policy Year	10,000,000 /Policy Year	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
5. Post-Hospitalization Treatment (Within 90 days after discharge)	3,000,000 /Policy Year	6,000,000 /Policy Year	10,000,000 /Policy Year	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
6. Home Nursing Care (Within 60 days after discharge)	3,000,000 /Policy Year	6,000,000 /Policy Year	10,000,000 /Policy Year	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
7. Ambulance Services (Maximum 5 times/Policy Year)	5,000,000 /Policy Year	10,000,000 /Policy Year	15,000,000 /Policy Year	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
8. Miscellaneous Inpatient Expenses: Expenses for diagnostic tests, diagnostic imaging as prescribed by a Doctor, prescribed medications, Doctor's expenses, blood, plasma, wheelchair rental within the Medical Facility, medical supplies, surgical instruments and equipment, medical devices placed/implanted inside the body, etc.	6,000,000 /Policy Year	15,000,000 /Policy Year	30,000,000 /Policy Year	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full



1.2. Inpatient Benefits

The table below lists the benefits and sub-limits applicable to this benefit (Unit: VND).

PLAN	CARE FIRST			CARE CROSS			CARE ELITE	
	CF1	CF2	CF3	CC1	CC2	CC3	CE1	CE2
9. Inpatient Surgery Expenses: Expenses for surgeon, operating room, anaesthetist, pre-surgical assessment and normal post-surgical care	50,000,000 /Policy Year	125,000,000 /Policy Year	250,000,000 /Policy Year	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
10. Cancer Treatment: (Maximum 5 visits/Policy Year) Expenses for radiotherapy, chemotherapy and targeted therapy (excluding surgical methods) prescribed by a Doctor. This benefit does not cover medication prescribed for home use	50,000,000 /Policy Year	125,000,000 /Policy Year	250,000,000 /Policy Year	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
11. Organ Transplant: (1 organ/lifetime) Covers the cost of 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 by Company in respect of Insured Person's organ transplant	50,000,000 /Policy Year	125,000,000 /Policy Year	250,000,000 /Policy Year	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
12. Companion Bed: (Maximum 30 days/Policy Year) An extra bed in the same room for a parent or legal guardian accompanying an insured child under 18 years old	500,000 /day	800,000 /day	1,000,000 /day	1,500,000 /day	2,000,000 /day	2,500,000 /day	3,000,000 /day	3,500,000 /day
13. Periodic Hemodialysis (Maximum 30 times/Policy Year)	25,000,000 /Policy Year	50,000,000 /Policy Year	75,000,000 /Policy Year	150,000,000 /Policy Year	250,000,000 /Policy Year	350,000,000 /Policy Year	400,000,000 /Policy Year	500,000,000 /Policy Year



1.2. Inpatient Benefits

PLAN	CARE FIRST			CARE CROSS			CARE ELITE	
	CF1	CF2	CF3	CC1	CC2	CC3	CE1	CE2
14. Day Surgery (One time/Policy Year)	5,000,000 /Policy Year	10,000,000 /Policy Year	15,000,000 /Policy Year	30,000,000 /Policy Year	50,000,000 /Policy Year	70,000,000 /Policy Year	80,000,000 /Policy Year	100,000,000 /Policy Year
15. Emergency Expenses (Maximum 5 visits/Policy Year)	1,700,000 /visit	3,500,000 /visit	4,000,000/ visit	6,000,000 /visit	8,000,000 /visit	10,000,000 /visit	15,000,000 /Policy Year	20,000,000 /Policy Year
16. Hospital Cash: (Maximum 30 days/Policy Year) The total payout amount for Hospital Cash, Companion Bed, and Room and Board Expenses under Inpatient treatment shall not exceed the maximum limit of the Room and Board Expenses benefit under Inpatient Treatment	100,000 /day	300,000 /day	500,000 /day	1,000,000 /day	1,500,000 /day	1,700,000 /day	2,000,000 /day	2,300,000 /day
17. Financial Support for Cancer Diagnosis The Insured Person will be reimbursed for this benefit if diagnosed with end-stage cancer but excluding thyroid cancer. The payout amount will be based on the Sum Insured and the remaining months of the Policy Year. This benefit is not renewable if already claimed	N/A	N/A	N/A	5,000,000 /month	7,000,000 /month	10,000,000 /month	15,000,000 /month	20,000,000 /month
18. 24-Hour Emergency Assistance Services and Emergency Medical Evacuation Service	Include	Include	Include	Include	Include	Include	Include	Include
19. Additional Travel Costs: (Post-Evacuation) One economy-class air ticket to return the Insured Person to their country of residence	N/A	N/A	N/A	5,000,000 /Policy Year	5,000,000 /Policy Year	5,000,000 /Policy Year	5,000,000 /Policy Year	5,000,000 /Policy Year
20. Repatriation of Mortal Remains	N/A	N/A	N/A	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
21. Accidental Dental Injury: Emergency dental treatment within 7 days of the accident for loss or damage to natural healthy teeth	N/A	N/A	N/A	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full

(*) Worldwide coverage, excluding the United States, Canada, Hong Kong, Singapore, Japan, and Switzerland.



1.3. Outpatient Benefits

The table below lists the benefits and sub-limits applicable to this benefit (Unit: VND).

PLAN	CARE FIRST			CARE CROSS			CARE ELITE	
	CF1	CF2	CF3	CC1	CC2	CC3	CE1	CE2
Maximum Benefit/Policy Year	10 million	25 million	50 million	100 million	200 million	500 million	1 billion	2 billion
Coverage Area	Vietnam			Worldwide (*)				
22. Outpatient Treatment (non-surgery): Expenses for Doctor, diagnostic tests, diagnostic imaging as prescribed by a Doctor, Prescribed Medicines, medical supplies, and other related expenses	1,000,000 /visit	2,000,000 /visit	5,000,000 /visit	7,000,000 /visit	15,000,000 /visit	40,000,000 /visit	50,000,000 /visit	60,000,000 /visit
23. Outpatient Treatment (with surgery): Surgical Doctor expenses, operating room expenses, anesthesia/analgesia expenses, laboratory testing, diagnostic imaging, medical supplies expenses, surgical instruments and equipment expenses, prescription drugs, and other related expenses	2,000,000 /visit	5,000,000 /visit	7,500,000 /visit	10,000,000 /visit	20,000,000 /visit	50,000,000 /visit	60,000,000 /visit	70,000,000 /visit
24. Expense for Physiotherapy, Chiropractic in Outpatient Treatment: (Maximum 30 days/Policy Year)	100,000 /day	200,000 /day	300,000 /day	500,000 /day	1,000,000 /day	2,000,000 /day	5,000,000 /day	10,000,000 /day
25. Free Health Check-up (One time/Policy Year) The cost shall be paid if no claimable insurance event occurred in the preceding Policy Year	N/A	N/A	N/A	2,000,000	2,000,000	5,000,000	5,000,000	5,000,000



1.3. Outpatient Benefits

PLAN	CARE FIRST			CARE CROSS			CARE ELITE	
	CF1	CF2	CF3	CC1	CC2	CC3	CE1	CE2
Maximum Benefit/Policy Year	10 million	25 million	50 million	100 million	200 million	500 million	1 billion	2 billion
26. Free Basic Screening Package (One time/Policy Year) The cost shall be paid if no reimbursed claims occurred in the previous Policy Year. The Insured Person is entitled to a basic health screening package including: Abdominal Ultrasound, Urinalysis, Complete Blood Count (CBC), Lipid Profile, Electrocardiogram (ECG), Liver Enzyme Test, Lung X-ray	500,000	750,000	1,000,000	N/A	N/A	N/A	N/A	N/A
27. Vaccination (One time/Policy Year) The Company pay 60%.	500,000	750,000	1,000,000	1,500,000	2,000,000	3,000,000	4,000,000	5,000,000
28. Cancer screening package (One time/Policy Year) The Company pay 60%.	500,000	750,000	1,000,000	1,500,000	2,000,000	3,000,000	3,000,000	3,000,000

(*) Worldwide coverage, excluding the United States, Canada, Hong Kong, Singapore, Japan, and Switzerland.





1.4. Maternity Benefits

The table below lists the benefits and sub-limits applicable to this benefit (Unit: VND).

PLAN	CARE FIRST			CARE CROSS			CARE ELITE	
	CF1	CF2	CF3	CC1	CC2	CC3	CE1	CE2
Maximum Benefit/Policy Year	10 million	15 million	20 million	30 million	50 million	60 million	80 million	100 million
Coverage Area	Vietnam			Worldwide (*)				
29. Maternity Benefit: Expenses for prenatal examinations; normal delivery or cesarean section due to medical necessity; treatment for newborns related to illness arising within thirty (30) days after birth, provided that the mother remains hospitalized	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
30. Newborn Care: (Within 30 days from the date of birth or within the expired Policy Year) Routine health check-ups, vaccinations, equipment, and vitamins	2,500,000	3,750,000	5,000,000	7,500,000	12,500,000	15,000,000	20,000,000	25,000,000
31. Mother Care: (Maximum 2 times/Policy Year) (Within 30 days after delivery or within an expired Policy Year) Postnatal follow-up visits	N/A	N/A	N/A	1,000,000 /visit	1,500,000 /visit	2,000,000 /visit	2,500,000 /visit	3,000,000 /visit
32. Financial Support: (Maximum 5 days/Delivery) The Company provides financial support during the period the Insured Person is hospitalized for childbirth at a Medical facility	N/A	N/A	N/A	500,000 /day	750,000 /day	1,000,000 /day	1,500,000 /day	2,000,000 /day
33. Maternity Gift (Per delivery) Applicable when the Insured Person gives birth at a Public Hospital in Vietnam, excluding private-service departments	500,000	1,000,000	1,500,000	2,000,000	3,000,000	5,000,000	6,000,000	7,000,000

(*) Worldwide coverage, excluding the United States, Canada, Hong Kong, Singapore, Japan, and Switzerland.



1.5. Dental Benefits

The table below lists the benefits and sub-limits applicable to this benefit (Unit: VND).

Dental Benefit will apply co-payment. The Insured Person shall pay 20% (twenty percent) and the Company shall cover 80% (eighty percent) of the eligible treatment expenses.

PLAN	CARE FIRST	CARE CROSS			CARE ELITE	
	CF3	CC1	CC2	CC3	CE1	CE2
Maximum Benefit/Policy Year	5 million	7.5 million	10 million	20 million	30 million	40 million
Coverage Area	Vietnam		Worldwide (*)			
34. Dental Treatment: Examination, pathological dental X-rays, treatment of gingivitis, periodontitis, apicoectomy (deep subgingival tartar removal), pathological tooth filling, root canal treatment, extraction of pathological tooth (including surgery)	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full	Paid in full
35. Tooth cleaning (Maximum 2 times/Policy Year) Company pay 100%	500,000 /visit	1,000,000 /visit	2,000,000 /visit	3,000,000 /visit	4,000,000 /visit	5,000,000 /visit

(*) Worldwide coverage, excluding the United States, Canada, Hong Kong, Singapore, Japan, and Switzerland.





1.6. Personal Accident Benefit

Sum Insured: from VND 20,000,000 to VND 10,000,000,000.

Children aged 0 (zero) to 18 (eighteen) are eligible to purchase this product only when enrolled together with their parent(s). The sum insured for the child's Personal Accident Benefit is limited to a maximum of 20% (twenty percent) of the Personal Accident Benefit sum insured of the parent(s). If the parents have different sum insured levels, the child's coverage will be based on the higher sum insured amount.

Insurance event	Benefit
Death due to Accident	100% Sum Insured
Total and irrecoverable loss of use of one eye or one limb	50% Sum Insured
Total and irrecoverable loss of use of both eyes or more than two limbs	100% Sum Insured
Total and irrecoverable loss of use of one eye and one limb	100% Sum Insured
Permanent Total Disablement	100% Sum Insured
Burial and Funeral Expenses	VND 5,000,000

The Company will apply a co-payment for Insured Persons aged 0 (zero) to 3 (three) years. The Insured Person will be responsible for 40% (forty percent) and the Company will cover 60% (sixty percent) of the treatment costs for both Inpatient Benefit and Outpatient Benefit.



II

EXCLUSIONS





2.1. Exclusions applicable to Main and Optional Benefits

The Company has no liability to pay the main benefit and the additional medical benefit in the following circumstances and/or arising from the following causes:

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| a) Insured person conducts of suicide, self-inflicted Injury, regardless of any mental status or intentionally fails to take necessary actions to avoid risk occurrence; |
| b) Sexual transmitted diseases and their complications and sequelae; HIV testing and treatment of HIV related Illnesses including Acquired Immune Deficiency Syndrome (“AIDS”), AIDS Related Complex and/or any mutation, derivation, or variation thereof; |
| c) Pre-existing Illnesses, Pre-existing Injuries, Congenital Conditions unless expressly disclosed and accepted for coverage by the Company; |
| d) Conditions, diseases caused by or treatments related to addiction or abuse of drugs, tobacco, alcohol, or any other addictive or psychoactive substances; |
| e) Contraception, sterilization, miscarriage, abortion, and pre-/post-natal care (except for abortion covered under Maternity complications benefits), infertility treatment, subfertility treatment, and artificial insemination; |
| f) Cosmetic surgery, beauty-related treatments, beauty enhancements, and complications arising from such surgeries and treatments; skin-related treatments such as folliculitis (acne), melasma, freckles, skin tags, moles, hyper/hypo/dyspigmentation; and other elective surgeries; |
| g) Routine health check-ups, medical assessments, vaccinations, immunotherapy, and screening tests (unless specifically covered under the insurance plan); |
| h) Treatment of refractive eye conditions, vision examination, treatment for medical conditions related to contact lens use, treatment for strabismus by any method; hearing aids or hearing restoration; |
| i) Experimental medical technologies, procedures, therapies; unorthodox medical treatments; new treatment drugs, pharmaceuticals, stem cell therapies not yet approved by competent authorities; |
| j) Treatment, surgery for diseases or group of diseases: mental illness, psychological disorders, personality disorders, disorders related to sleep, depression, epilepsy, autism, attention deficit hyperactivity disorder (ADHD), mental and physical developmental disorders, communication disorders, behavioral disorders, dementia, Alzheimer's disease; Asthenia, neurasthenia, spinal degeneration, disc degeneration, joint degeneration; |
| k) Nursing care, convalescence, rehabilitation, physiotherapy (excluding physiotherapy covered under Outpatient treatment benefit, if applicable); |



2.1. Exclusions applicable to Main and Optional Benefits

l) Non-Western medical treatments such as folk medicine, traditional medicine, acupuncture, steam healthcare centers, spas, naturopathic clinics, fitness centers, even if these facilities are registered as a Medical Facility;

m) Any treatment requested by the Insured Person that is not Medically Necessary as prescribed by a Doctor, treatment that does not meet the definitions in these Terms and Conditions; examinations, tests, diagnostic imaging without a conclusive diagnosis of Illness or Doctor's conclusion that no treatment is necessary;

n) Treatments related to weight loss, weight gain, weight management programs or bariatric surgery;

o) Treatments or preventive care aimed at relieving common symptoms related to aging, menopause, perimenopause, or precocious puberty; treatment of sexual dysfunction; or gender reassignment treatment including surgery, hormone therapy, psychotherapy, and similar services;

p) Costs of renting, purchasing, maintaining, repairing, or replacing devices, orthopedic aids, rehabilitation equipment, prosthetic devices (such as dentures, artificial limbs, intraocular lenses...); replacement material, artificial implants (such as artificial heart valves, artificial blood vessels, stents, artificial bone/cartilage/joint/tendon, patches, grafts, balloons, spinal discs, pacemakers...), surgical knives, external support devices (such as crutches, wheelchairs, hearing or vision aids, prescription glasses, cardiac support devices...), cosmetic orthopedic devices, and other similar medical support devices;

q) Costs for cosmetic products, dietary supplements, tonics, vitamins, minerals, or nutritional additives for dieting or special dietary purposes;

r) Injuries resulting from war (whether declared or undeclared), civil war, terrorism, riots, rebellion, or any war-like events; strikes or demonstrations;

s) The Insured Person participates in hazardous sports or recreational activities such as skydiving, aerial acrobatics, mountaineering, car/motorbike/bicycle racing, horse racing, hunting, boxing, scuba diving, bungee jumping, or similar high-risk sports or recreational activities;

t) The Insured Person is concluded by a Competent authority to have committed or participated in criminal acts or other legal violations, except for unintentional violations.



2.2. Exclusions applicable to Personal Accident Benefits

a) Intentionally self-inflicted injury, suicide or attempted suicide despite being in any status;
b) Use of alcohol, drugs, narcotics, stimulants, solvents or medicines unless using as prescribed by a treating Doctor;
c) All forms of poisoning, intoxication, or contamination;
d) Pregnancy, childbirth, abortion, or postnatal conditions;
e) Human Immunodeficiency Virus ("HIV") and/or any HIV-related illnesses including Acquired Immune Deficiency Syndrome ("AIDS"), AIDS-related complex, and/or any mutations, evolutions, or variations thereof;
f) Radioactive contamination, chemical contamination;
g) Injuries arising from or contributed by any physical or mental defect or infirmity of the Insured Person which is not previously declared or is excluded from insurance by the Company;
h) Training for or participation in professional sports, any racing (excluding walking, jogging, or swimming), dangerous sports or activities including hunting, horse riding, any form of motor vehicle trialing, roller-skating, skating, skiing, snowboarding, skateboarding, skydiving, parachuting, parasailing, paragliding, hang-gliding, flying or riding in any vehicle or device for aerial navigation (other than as a fare-paying passenger on a commercial aircraft of a duly licensed scheduled airline), boarding or traveling in a hot air balloon, caving, rock or mountain climbing (with or without the use of ropes or other equipment), bungee jumping, scuba diving or diving with the use of compressed air, boxing, martial arts, wrestling, rugby, polo;
i) Injuries sustained while serving as a member of a ship's crew or flight crew or as an airline personnel; or while serving in the military, police, or armed forces;
j) Injuries resulting from terrorism, declared or undeclared war, invasion, act of foreign enemy, hostilities, civil war, military uprising, insurrection, rebellion, revolution, military or usurped power, riot, civil commotion;
k) Participation in fights, involvement in any unlawful activities or legal violations, or resisting arrest by Competent authorities;
l) The Insured Person is concluded by a Competent authority to have committed or participated in criminal acts or other legal violations, except for unintentional violations.

PACIFIC CROSS VIETNAM

6th Floor, VNPT Building,
1487 Nguyen Van Linh Street,
Tan Hung Ward, Ho Chi Minh City
Tel: (+84 28) 3821 9908

Email: inquiry@pacificcross.com.vn

Website: www.pacificcross.com.vn



PACIFIC CROSS



CARE SERIES

Leading Peace of Mind – Reaching a Life of Distinction