

MASTER SERIES



www.pacificcross.com.vn


**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)

Maximum Benefit For Any ONE Disability and Sequelae

Covers normal, usual and customary charges, per disability per lifetime for:

Treatment Area

M1+	M2	M3
5,000,000,000	10,000,000,000	20,000,000,000
WORLDWIDE		

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

Room and Board (standard room)

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

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

40,000,000

60,000,000

100,000,000

20,000,000

30,000,000

When both husband and wife are insured, the limit shall be increased by 50%

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:

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INSURANCE CORPORATION**



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