Provided by Administered by





Pacific Cross Vietnam operates in the field of insurance agency activities, providing insurance auxiliary services and supporting insurance companies and reinsurers in relevant areas, to develop and administer health insurance and travel insurance products to people living in Vietnam. We are part of the Pacific Cross Group of companies operating in Hong Kong, the Philippines, Indonesia, Thailand, and Vietnam.



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This brochure is not a contract. For exact wording and complete details of the cover, terms, conditions and exclusions of the policy, please refer to the policy itself.

Effective from August 1st, 2025



**HEALTH INSURANCE** 





### **BENEFIT LIMITS**

Plan	CC1	CC2	CC3			
	Main Benefits					
Inpatient Benefit	1 billion VND VND/year	2 billion VND VND/year	5 billion VND VND/year			
	Optional Benefits					
Outpatient Benefit	100 million VND/year	200 million VND/year	500 million VND/year			
Maternity Benefit	30 million VND/year	50 million VND/year	60 million VND/year			
Dental Benefit	7.5 million VND/year	10 million VND/year	20 million VND/year			
Personal Accident Benefit	Cover from 20 million VND/year to 10 billion VND/year					

# **PRODUCT HIGHLIGHTS**



Hospital Cash Benefit



Financial Support for Cancer Diagnosis



**Covers most critical illnesses** such as Cancer, Periodic Hemodialysis, Organ Transplants, etc.



**Companion Bed** for insured child under 18 years old



**Covered for Emergency Assistance benefits** (such as Additional Travel Expenses, Repatriation of Mortal Remains, etc.)

# Fast and convenient claims procedure



Easy claims tracking via mobile app



Outpatient direct billing



Claims settlement



24/7 support hotline, always ready to assist you when needed



Wide worldwide direct billing network



Nationwide direct billing network. See our network details here

# **BENEFITS**

#### **□ INPATIENT BENEFITS (MAIN BENEFIT)**

Unit: VND

Plan	CC1	CC2	CC3
Maximum Benefit/Policy Year	1 billion	2 billion	5 billion
Coverage Area	Worldwide(*)	Worldwide(*)	Worldwide(*)
Room and Board Expenses (Maximum 60 days/Policy Year)	4,000,000 /day	6,000,000 /day	7,000,000 /day
Daily Doctor's Visit and Specialist Consultation Expenses (Maximum 30 visits/Policy Year)	3,000,000 /visit	4,000,000 /visit	5,000,000 /visit
Intensive Care Unit (ICU), Coronary Care Unit (CCU), and High Dependency Unit (HDU) Room Expenses (Maximum 30 days/Policy Year)	Paid in full	Paid in full	Paid in full
Pre-Hospitalization Treatment (Within 30 days before admission)	Paid in full	Paid in full	Paid in full
Post-Hospitalization Treatment (Within 90 days after discharge)	Paid in full	Paid in full	Paid in full
Home Nursing Care (Within 60 days after discharge)	Paid in full	Paid in full	Paid in full
Ambulance Services (Maximum 5 times/Policy Year)	Paid in full	Paid in full	Paid in full

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Plan	CC1	CC2	CC3
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.	Paid in full	Paid in full	Paid in full
Inpatient Surgery Expenses: Expenses for surgeon, operating room, anaesthetist, pre-surgical assessment and normal post-surgical care	Paid in full	Paid in full	Paid in full
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	Paid in full	Paid in full	Paid in full
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	Paid in full	Paid in full	Paid in full
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	1,500,000 /day	2,000,000 /day	2,500,000 /day
Periodic Hemodialysis (Maximum 30 times/Policy Year)	150,000,000 /Policy Year	250,000,000 /Policy Year	350,000,000 /Policy Year
Day Surgery (One time/Policy Year)	30,000,000 /Policy Year	50,000,000 /Policy Year	70,000,000 /Policy Year
Emergency Expenses (Maximum 5 visits/Policy Year)	6,000,000 /visit	8,000,000 /visit	10,000,000 /visit

Plan	CC1	CC2	CC3
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	1,000,000 /day	1,500,000 /day	1,700,000 /day
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	5,000,000 /month	7,000,000 /month	10,000,000 /month
24-Hour Emergency Assistance Services and Emergency Medical Evacuation Service	Include	Include	Include
Additional Travel Costs: (Post-Evacuation) One economy-class air ticker to return the Insured Person to their country of residence	5,000,000 /Policy Year	5,000,000 /Policy Year	5,000,000 /Policy Year
Repatriation of Mortal Remains	Paid in full	Paid in full	Paid in full
Accidental Dental Injury: Emergency dental treatment within 7 days of the accident for loss or damage to natural healthy teeth	Paid in full	Paid in full	Paid in full

<sup>(\*)</sup> Worldwide coverage, excluding the United States, Canada, Hong Kong, Singapore, Japan, and Switzerland.

## □ OUTPATIENT BENEFITS (OPTIONAL BENEFIT)

Unit: VND

Plan	CC1	CC2	CC3
Maximum Benefit/Policy Year	100 million	200 million	500 million
Coverage Area	Worldwide(*)	Worldwide(*)	Worldwide(*)
Outpatient Treatment (non-surgery): Expenses for Doctor, diagnostic tests, diagnostic imaging as prescribed by a Doctor, Prescription Drugs, medical supplies, and other related expenses	7,000,000 /visit	15,000,000 /visit	40,000,000 /visit
Outpatient Treatment (with surgery): Surgical Doctor expenses, operating room expenses, anesthesia/analgesia expenses, aboratory testing, diagnostic imaging, medical supplies expenses, surgical instruments and equipment expenses, prescription drugs, and other related expenses	10,000,000 /visit	20,000,000 /visit	50,000,000 /visit

Plan	CC1	CC2	CC3
Expense for Physiotherapy, Chiropractic in Outpatient Treatment: (Maximum 30 days/Policy Year)	500,000 /day	1,000,000 /day	2,000,000 /day
Free Health Check-up (One time/Policy Year) The cost shall be paid if no claimable insurance event occurred in the preceding Policy Year	2,000,000	2,000,000	5,000,000
Vaccination (One time/Policy Year) The Company pay 60%	1,500,000	2,000,000	3,000,000
Cancer screening package (One time/Policy Year) The Company pay 60%	1,500,000	2,000,000	3,000,000

<sup>(\*)</sup> Worldwide coverage, excluding the United States, Canada, Hong Kong, Singapore, Japan, and Switzerland.

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Unit: VND

Plan	CC1	CC2	CC3
Maximum Benefit/Policy Year	30 million	50 million	60 million
Coverage Area	Worldwide(*)	Worldwide(*)	Worldwide(*)
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
Newborn Care: (Within 30 days from the date of birth or within the expired Policy Year) Routine health check-ups, vaccinations, equipment, and vitamins	7,500,000	12,500,000	15,000,000
Mother Care: (Within 30 days after delivery or within an expired Policy Year, maximum 2 times/Policy Year) Postnatal follow-up visits	1,000,000 /visit	1,500,000 /visit	2,000,000 /visit

Plan	CC1	CC2	CC3
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	500,000 /day	750,000 /day	1,000,000 /day
Maternity Gift: (Per delivery) Applicable when the Insured Person gives birth at a Public Hospital in Vietnam, excluding private-service departments	2,000,000	3,000,000	5,000,000

<sup>(\*)</sup> Worldwide coverage, excluding the United States, Canada, Hong Kong, Singapore, Japan, and Switzerland.

#### DENTALBENEFITS (OPTIONAL BENEFIT)

Unit: VND

Plan	CC1	CC2	CC3
Maximum Benefit/Policy Year	7.5 million	10 million	20 million
Coverage Area	Vietnam	Worldwide(*)	Worldwide(*)
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
Tooth cleaning (Maximum 2 times/Policy Year) Company pay 100%	1,000,000 /visit	2,000,000 /visit	3,000,000 /visit

<sup>(\*)</sup> Worldwide coverage, excluding the United States, Canada, Hong Kong, Singapore, Japan, and Switzerland.



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# **PREMIUM TABLE**

### ☐ INPATIENT BENEFITS (MAIN BENEFIT)

Unit: VND

Inpatient Benefit	CC1	CC2	CC3
0-3	14,904,000	21,144,000	28,462,000
4-5	8,922,000	12,656,000	17,038,000
6 – 18	8,002,000	11,352,000	15,280,000
19 – 25	8,806,000	12,494,000	16,818,000
26-30	9,970,000	14,146,000	19,042,000
31 – 35	10,496,000	14,890,000	20,044,000
36 - 40	11,020,000	15,634,000	21,046,000
41 – 45	11,732,000	16,642,000	22,402,000
46 - 50	13,470,000	19,110,000	25,724,000
51 – 55	15,698,000	22,270,000	29,978,000
56-60	19,038,000	27,008,000	36,356,000
61-65	22,898,000	32,486,000	43,730,000

### OUTPATIENT BENEFITS (OPTIONAL BENEFIT)

Unit: VND

Outpatient Benefit	CC1	CC2	CC3
0-3	17,500,000	20,470,000	25,228,000
4-5	10,476,000	12,254,000	15,102,000
6-18	9,396,000	10,990,000	13,546,000
19 – 25	10,340,000	12,096,000	14,908,000
26-30	11,708,000	13,696,000	16,878,000
31 – 35	12,324,000	14,416,000	17,766,000
36 – 40	12,940,000	15,138,000	18,656,000
41 – 45	13,774,000	16,114,000	19,858,000
46 - 50	15,816,000	18,502,000	22,802,000
51 – 55	18,432,000	21,562,000	26,572,000
56-60	22,354,000	26,150,000	32,226,000
61-65	26,886,000	31,452,000	38,762,000

### □ MATERNITY BENEFITS (OPTIONAL BENEFIT)

Unit: VND

Maternity Benefit	CC1	CC2	CC3	
18 - 50	8,750,000	14,376,000	17,800,000	

### DENTAL BENEFITS (OPTIONAL BENEFIT)

Unit: VND

Dental Benefit	CC1	CC2	CC3
0-3	4,694,000	5,718,000	8,734,000
4-5	7,040,000	8,576,000	13,100,000
6 – 18	4,694,000	5,718,000	8,734,000
19 – 25	4,694,000	5,718,000	8,734,000
26 - 30	4,694,000	5,718,000	8,734,000
31 – 35	4,694,000	5,718,000	8,734,000
36 – 40	4,694,000	5,718,000	8,734,000
41 – 45	7,040,000	8,576,000	13,100,000
46 – 50	7,040,000	8,576,000	13,100,000
51-55	7,040,000	8,576,000	13,100,000
56-60	7,040,000	8,576,000	13,100,000

#### PERSONAL ACCIDENT BENEFITS (OPTIONAL BENEFIT)

Insurance Premium = Insurance Premium Rate by Occupational Classification x Sum Insured

Occupational Classification	Premium Rate
Class 1: Professional and administrative duties performed in an office environment or other sedentary occupations	0.0900%
Class 2: Occupations that do not involve manual labor but carry a higher risk of accidental injury due to the working environment or require frequent travel. This class also includes occupations involving primary supervisory duties	0.1035%
Class 3: Occupations with a higher likelihood of accidents or involving light manual labor, as well as manual work that is not considered hazardous	0.1190%
Class 4: High-risk occupations, heavy industries, and any jobs not classified under Class 1 to Class 3	Not Insured

Note: Children under 18 years of age are subject to the annual premium rate of Class 1.

INPATIENT, OUTPATIENT, PERSONAL ACCIDENT MATERNITY 50 » 60 » 65 » 70 **ELIGIBLE** AGE From 15 days of age Renewal is possible up to 70 years old DENTAL for Inpatient Benefit, Outpatient Benefit, and Personal Accident Benefit.

## **DISCOUNTS AND ADDITIONAL OPTIONS**

(Applied only to Inpatient and Outpatient Benefit)

Note: The applicable total premium must be at least 60% of the premium after underwriting

#### NO CLAIMS DISCOUNT

1 year\* prior

2 consecutive years\* prior

3 or more consecutive years\* prior

#### **COVERAGE AREA OPTIONS**

**Asia** excluding Singapore, Hong Kong, Japan

Southeast Asia excluding Singapore

**GROUP DISCOUNT** 

3-4 Insured Persons

DISCOUNT

11 - 20 Insured Persons

15% DISCOUNT

5-10 Insured Persons

1%
DISCOUNT

**Above 20 Insured Persons** 

**CO-PAYMENT OPTION** 

Insured persons aged 4 and above pay 20% of the cost

